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MENTAL HYGIENE AND SOCIAL WORK

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PREFACE

THE Bureau of Children's Guidance was established by the New York School of Social Work in 1921 as a part of the Commonwealth Fund Program for the Prevention of Delinquency. The special function of the Bureau within the program was to conduct a child guidance clinic for the study and treatment of children presenting problems of behavior and to maintain within the clinic facilities for the practical training of social workers preparing for psychiatric social work. In the following pages an attempt is made to describe the work and results of the operation of the Bureau of Children's Guidance and the Department of Mental Hygiene at the School of Social Work during the period of five and one-half years covered by the Commonwealth Fund Program. This report is not an analytical study of the problems of children as studied at the Bureau or of the treatment of such problems. Such a study is now in process and will be published later. This report is rather a descriptive account of the work of the Bureau as a center for the treatment of problem children and the training of social workers.

As a treatment center for children, the Bureau was established with the conviction that among the various facilities for such treatment there was room for an experiment with a child guidance clinic adequately equipped but free from the necessity of caring for more cases than it could handle without sacrificing its own standards either of training or of service. Its intake, therefore, was definitely limited. For each of the cases under care it provided the best program of study and treatment of which its staff was capable. This statement is made with recognition of the standard of excel-

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lence which it implies and with recognition also that the measurement of the Bureau's results shows a much higher percentage of failure than the staff would like to have recorded. The reasons for recording no higher measure of success are disclosed in the report itself. It is sufficient here to state that the failures seem to have been due partly to the normal limitations to be expected of any staff composed of human beings, partly to the necessity of exploring the way in a comparatively new field, and partly to the inadequacy of our present knowledge of human personality and its functions.

It is the belief of the staff that the percentage of failure is much less significant than the relatively high percentage of success. The Bureau was part of a movement which has since spread rapidly. This child guidance movement has to its credit an altogether remarkable record of success in dealing with the emotional problems of children and parents. Within the comparatively few years of its existence those engaged in the movement have added substantially to our knowledge of human personality and its difficulties and to the possibility of sure-footed practice in dealing with them. To the development of this equipment for child guidance we believe that the Bureau has made a contribution. It is the purpose of this report to suggest rather than to demonstrate the nature of that contribution.

The training of social workers as a movement is older in the United States than is child guidance. One of its most difficult problems as a form of professional education has been the organization of field work which would have high educational value. One of its most significant recent contributions has been the development of the subject matter of mental hygiene for its curriculum. The establishment of the Bureau of Children's Guidance within the New York School of Social Work provided an invaluable opportunity to experiment with methods of field work instruction under its own auspices and with

methods of correlating mental hygiene and the other subjects in the curriculum of a school of social work. Part II of this report is a discussion of the training methods of the Bureau and the mental hygiene curriculum of the School which it is hoped will be suggestive to those interested in the professional education of social workers.

The report has been prepared as a descriptive rather than an analytical document. Its preparation was approached by the staff of the School in a scientific spirit but its emphasis has been more upon the practical aspects of the treatment of children and the training of students than upon the scientific implications of psychiatry, social work, and pedagogy. Some exception to this general statement of the character of the report will be noted with respect to Chapters II and III. In these chapters an effort has been made to present the scientific basis of child guidance from the psychiatric point of view as it was conceived at the Bureau. These two chapters present in necessarily brief compass the basic conceptions of mental hygiene as the staff of the Bureau conceived them and as such present the necessary background for understanding both the work of the Bureau with children and the training of social workers in mental hygiene at the School. For the benefit of those readers who may be interested in the details of the organization and program of the Bureau, a brief conspectus of its organization, operation, and relationships is presented in Appendix A.

PORTER R. LEE

September, 1929

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PART I

CHILD GUIDANCE

Chapter I

THE SIGNIFICANCE OF CHILD GUIDANCE

DURING the period of its operation the Bureau of Children's Guidance received applications in behalf of eight hundred twenty-two children, of whom five hundred ninety-one were carried by the Bureau through a period of sustained treatment. These children were brought to the Bureau by teachers, parents, social workers, clergymen, kinsmen, friends and others,[1] all of whom felt some degree of responsibility for them, all of whom recognized the seriousness of their troubles, and none of whom felt adequate without help to discharge their own responsibilities toward them.

The children who thus became known to the Bureau were of all ages, from those just past infancy to some on the threshold of maturity. They were confined to no one economic class, to no one social stratum, to no one nationality, to no one religion. Economically, their parents ranged from poor to well-to-do. In social status they represented families without consciousness of caste and families to whom the preservation of social position was an important consideration. The groups included Jews, Catholics, Protestants, and some without religious connection. The children themselves ranged in intelligence from dull-normal to superior, and their parents apparently represented as wide a range.

The causes of the difficulties of these children and their parents were frequently deep-seated. Again and again the effort to explain these difficulties led into areas of human

[1] Sources of reference and other data regarding Bureau cases will be found in the tables of Appendix B.

relationship and emotional entanglement, the nature of which the layman rarely perceives. The difficulties themselves, however, were not at all unusual. They represented the same types of bewilderment, unhappiness, and misconduct which are familiar to every human being who meets life with his eyes open.

The statements of their reasons for referring children to the Bureau made by those who have sought its assistance contain nothing that is new to parents and others who have responsibility for or acquaintance with children.

Gerry Newman[2] was described by the visiting teacher who brought him to the Bureau as an intelligent child, attractive and friendly. He was, however, destructive, over-active, and cruel to younger children whom he attacked by kicking, pinching, and striking. The visiting teacher was of the opinion that he had been spoiled by his mother.

Sam Sullivan was brought to the clinic by an harassed mother because his extreme nervousness, his tendency to lie and steal and his poor work at school presented problems beyond her power to deal with.

Florence Cutler was described by her mother as unhappy at home because of her hatred for her step-father and the feeling that her mother no longer wanted her there. She was considering leaving home if she could find a place where she could assist with the care of children and be permitted to continue her education.

Mrs. Durham was worried about her son, Donald, eight and a half years old, and had written to an official of a governmental department at Washington, which publishes a magazine for mothers, asking him for advice in regard to the boy. When she came to the Bureau, at the suggestion of the Washington official, she said that Donald had had a recurrence of enuresis since a serious illness a few years ago and about the time he began school. She had taken him to many specialists for examination and had tried to handle the situation in every conceivable way but without success. She felt that she was on the edge of a nervous breakdown because of her helplessness. She had punished him, she had pleaded with him, she had tried to interest him in the things that normally appeal to growing youngsters, all without result. She stated that she would

[2] All names used are of course fictitious.

like to write a poem or a play, or an article to young mothers in order to recount dramatically what she had done for her boy. She read to him when he was about three until her voice left her, so that he would be happy. She practically kept him in a cage so that he would not be exposed to germs from other children. "I have done everything," she said dramatically, "that a mother could do."

The pastor of a church asked for help with Fred Ingram, a fourteen-year-old boy, adopted by his aunt and uncle. He had been badly mistreated and neglected by his step-father with whom he lived after the death of his mother several years before. His adoptive parents had tried to help him but he was unresponsive and forgetful and had unexplained fits of giggling.

Jasper Isaacs was referred by his school teacher. He had failed in his work the previous term and was having to repeat the grade. His marks were worse that term than they were the one before and his mother was deeply concerned over his failure. She threatened suicide when she heard that he might miss his promotion. The boy's conduct had always been satisfactory and he had presented no problem at that time except that he was failing in some of his school work. In the last six months, however, his personality had changed. Instead of seeming happy and interested in his work, he sat in school with a worried expression and seemed preoccupied most of the time.

Grace True was referred by a social worker connected with a settlement which the girl attended. It was stated that at the settlement clubs the girl had attracted attention to herself by unseemly behavior, such as stamping her feet and refusing to obey directions, making faces and spitting at the club leader, hitting children and using bad language, all of which she practiced with slight provocation. Since finding her mother dead in bed with her one morning about a month before she was referred to the Bureau, her wildness had seemed more pronounced and her behavior more incorrigible.

Mrs. Upham referred her daughter Kitty. Kitty was an adopted child much loved by her foster parents. She would run away, however, and was difficult to control. Mrs. Upham wanted help in learning how to handle her.

We present these literal quotations from the Bureau's records to show that the problems of the children under treatment as they were recognized by responsible adults are not

different in character from the problems of childhood everywhere. Moreover, they are typical of problems with which parents were grappling successfully in many cases long before child guidance appeared as a professional service. Furthermore, in many of the families from which these children came are other children who present no special difficulties. It may be taken for granted that the Bureau was called on only after parents, teachers, and other responsible adults had exhausted their resources for dealing with the behavior problems of these particular children. Whatever their success may have been with other children in these situations they had apparently reached the conclusion that the solution of the children's difficulties was beyond their powers. It is probably not too much to say that these harassed parents, teachers, and others believed, whether rightly or wrongly, that the conduct of the children, unless it could be corrected, forecast at the very least an unhappy future with a strong likelihood in many instances of mental breakdown or delinquency.

With regard to the five hundred ninety-one children who, as already stated, were carried by the Bureau through a period of sustained treatment, a careful appraisal of results following upon this treatment was attempted. In the judgment of the Bureau staff, arrived at by a process which is fully explained in Chapter V, treatment in a large majority of these cases was successful or partially successful. In other words, after the appearance of the Bureau as a factor in these situations, some measure of success was achieved, whereas the combined resources of parents, teachers, and others up to that point had recorded a preponderance of failure. This is an ex parte judgment of success made by the group having the greatest professional stake in the work of the Bureau. It represents the feeling of the staff about their own work.

Great as was the stake of the staff in the work of the Bureau, however, it was certainly not so great as that of the

children and their parents. After making this analysis of success and failure, we asked ourselves the question, "Would the parents of the children agree with this judgment?" The contact of the Bureau with the parents throughout the treatment of the children was close. It provided, in many cases, ample evidence of their confidence in the Bureau and of their satisfaction with the results of its treatment. In an effort to secure more light upon the judgment of the parents, the staff made, just before the Bureau closed its doors, an effort to test the reactions of parents to their experiences with the Bureau. In a limited number of cases, all of which had been under treatment for six months or longer, a special effort was made to record the judgment of parents in some detail. The result of this effort was evidence that the judgment of the parents regarding success and failure in the treatment of the children agreed substantially with that of the Bureau staff.[3]

The implications of success and failure from the point of view of scientific interest in the problems of conduct are indicated in Chapter II. The implications of success and failure in terms of human happiness can be established in less scientific terms.

In attempting to arrive at the parents' evaluation of the Bureau's work the staff was not seeking appreciation for the Bureau's services, though they were not oblivious to such appreciation when it was expressed, as it frequently was. They were much more interested in the contrasting frames of mind of those whose children made a successful adjustment. Whereas at the beginning of contact with the Bureau these parents had commonly been bewildered, anxious, self-condemnatory, bitterly discouraged and apprehensive, or vindictive, a gradual change had taken place in them during the period of treatment—a change characterized by growing confidence, security, relief, and happiness. It is not, of course,

[3] See Chap. V.

meant that a prevailingly gloomy group had been transformed into a spontaneously happy group; but a strong drift in this direction was apparent.

One need be a human being of no more than ordinary sensibilities to appreciate the tremendous relief, the confidence-breeding suggestion which there is for an harassed parent who has struggled for self-control in learning from one whom he regards as an authority that to keep one's temper in the face of irritating conduct in children is something more than a virtue, that it has positive therapeutic value to a youngster who is trying to find his way through a welter of emotional difficulties. Whatever ethical idealism may tell us, moral conduct is maintained by human beings more often because it has a positive value in human life than because virtue is its own reward.

At the beginning of this chapter, we quote a number of statements made by parents at the outset of their contact with the Bureau which illustrate the nature of their problems with respect to their children. No scientific analysis of these problems, however, suggests the cost in anxiety, strain, and suffering which they imply for the parents and children concerned. Society's interest in the problem of child behavior is commonly expressed in terms of the prevention of delinquency and of other forms of anti-social conduct, or in terms of the equipment of the child for the responsibilities of adult life, or in terms of a better discrimination by the race in the use of its own ideals of human conduct. There is, however, a human concern with the implications of conduct that is different from any of these considerations. Every human being has an urge towards the kind of happiness which comes when those interests in which he has a stake are satisfying to him. In none of life's interests have parents any greater stake than in their children. Parents seem destined never to be without some measure of anxiety over

children, but when children are more prolific of anxiety than of satisfaction, the load upon the parents becomes heavy. We stress this point because we believe that from no point of view can the contribution of child guidance be given a higher rating than from the point of view of the relief which it has given to overburdened parents.

This, however, is but one side of the picture, for the strain of unwholesome behavior upon children, while it has different manifestations, is not different in character from the strain upon parents. "Do you remember," said Fred Friedman with a grin to the psychiatrist eight months after he came to the Bureau, a worried, frightened, dependent boy of fifteen, "when I had to get my mother to tie my necktie?" This is a trivial incident but those who know Fred's complete story realize that in this remark to the psychiatrist is epitomized the story of the lifting of a load from the shoulders of a youth which no youth ought ever to be condemned to carry.

THE CONTRIBUTION OF MENTAL HYGIENE

In these tangled situations familiar to every adult who associates with children what could the Bureau do which parents, earnest or intelligent or both, had not been able to do?

As has already been stated, the treatment of the Bureau was, in most instances, the only new factor brought into these situations. It is true that as a part of treatment use was made, in many cases, of institutions, summer camps, recreational facilities, and other agencies.[4] Such services had been equally available to the parents, however, and played, in most instances, a minor role in the Bureau's treatment. In some cases success could hardly have been achieved without them, in other cases lack of facilities of this sort for a

[4] See Chap. IV.

particular need was a distinct handicap in treatment. Supplementary services from without represent, however, only one aspect of the Bureau's program. This point is stressed because we must seek elsewhere for those significant aspects of the service of child guidance which turn failure into success through the cooperative efforts of parents and others under its leadership.

The contribution of child guidance to the handling of problem children has two different phases: first, it helps substantially to an understanding of the emotional factors which underlie conduct; second, it adds substantially to our stock of methods for handling children and to the precision with which they can be used. These two phases will be taken up in turn.

Behind conduct are many factors in the mental and emotional make-up of children of whose existence and significance few parents are aware. This is not an indictment of parents. Most human beings are ignorant of the emotional implications of their life experiences, particularly those that lie in their relationships to other persons, and such insight into these matters as the common sense and shrewd penetration of the human race has provided is not widely distributed.

An analysis of behavior problems and their causes once made by a child guidance clinic looks very much like common sense, and therein lies no small part of the hope of mental hygiene for mankind. Common sense, however, is something more than a native trait of personality. Its successful application to human problems implies a strong ingredient of knowledge. No person possessed of common sense would, in the face of relevant facts, act otherwise than in a sensible manner. So long, however, as he is ignorant of essential facts, even common sense—though he will do better with it than without it—can hardly enable him to handle the situation adequately. Child guidance is placing some

new facts and some new hypotheses at the service of parents which tend to reinforce powerfully their own native common sense. When, for example, a worker in a child guidance clinic undertakes to explain to a mother why the behavior of her fourteen-year-old child is apparently traceable in part to the mother's not wanting the child before birth and to her later remorse over the unfairness of this attitude, for which she then tried to compensate, and the mother responds by coming to realize how large a part seemingly remote factors can play in determining conduct, we have an illustration of one of the important services of child guidance: its success in establishing some cause and effect relationships in human behavior where none had been perceived before.

It should not be inferred from the illustrations given at this point that it is always possible or desirable to make these cause and effect relationships clear to parents. In the brief illustration just given and in those which follow in the next paragraph and on page 17, it was possible to handle our contacts with the parents in such a way or to make this explanation intelligible and acceptable to them. We wish to emphasize, however, that one great contribution of child guidance lies in its perception of these cause and effect relationships as a basis of effective treatment by the worker, whether or not they become part of the parent's or the child's understanding of his own problem.

George Gimbel is one of four children of a family in comfortable circumstances with high standards of family life, the product of strong family tradition. With the exception of George, the Bureau's patient, the children have responded well to the traditional family influence and they illustrate this type of family life at its best. George seemed to his parents an increasingly baffling exception. Some of his problems had presented themselves in the other children but they had apparently been satisfactorily handled in accordance with

the well-established family principles of discipline, interest, affection, and guidance. Customary methods were not successful with George. His difficulties became more and more pronounced, his parents more and more at sea. There must have been in their minds the beginnngs at least of an apprehension that he was a "sport" in the biological sense, potentially a black sheep. In the face of their success as parents, which the satisfactory development of their other children indicated, Mr. and Mrs. Gimbel naturally looked for an explanation of George's difficulties elsewhere than in their handling of him. They found it in a combination of his weak character and the handicap of poor health. Their failure to make headway with these two problems they attributed in turn to an unsatisfactory school arrangement which was intensifying the boy's physical and mental weakness.

These parents wished no service from the Bureau except a transfer in school. They believed that this transfer, with the earnest interest manifested in him at home, would solve the boy's difficulties. The case record includes the following as a part of Mrs. Gimbel's original statement:

> All she wanted of the Bureau was that they should help George to get changed to a commercial course in high school, be excused from physical training, exempted from his home work, and allowed to drop Spanish. She did not want him to have any physical examinations or see any doctors, no kinds of tests would be necessary. If the Bureau could just bring the foregoing things to pass, she would bless them forever and be no more trouble.

It soon became apparent to the staff, as George's history in his family life was revealed, that he had from infancy been regarded by his mother as in need of a greater degree of attention from her than any of the other children. It seemed probable that his present difficulties at the age of fourteen were due, in part at least, to an emotional conflict on his part over his natural adolescent wish to develop independence and his strong emotional satisfaction in the extreme

solicitude shown towards him by his mother. During the sixteen months when the boy was under treatment, Mrs. Gimbel not only changed her attitude towards the Bureau but she came to understand that George's condition was due to a greater complication of factors than she had realized. She readily accepted, throughout the treatment of the case, suggestions of the Bureau for modifying her own handling of the boy, because the Bureau had interpreted this handling as having a significance of which she had been completely unaware.

We do not suggest that the problems which interfere with a wholesome relationship among the members of a family always require the diagnosis of a psychiatrist. Common sense, supplemented by the empirical knowledge which is the possession of most parents, is adequate for many such situations. If it were not, the family and the human race with it would have gone to pieces long ago. Child guidance, however, has made an important contribution to parental understanding by bringing scientific authority to reinforce those common sense methods of dealing with children which lie at the basis of whatever success in family life human beings have achieved.

The contribution of child guidance to the understanding of human behavior, however, goes deeper than this. The child guidance clinic has made a substantial beginning in the exploration of the more deep-seated problems of human behavior which have, thus far, baffled common sense, even when reinforced by affection and empirical knowledge. As has already been suggested, many of the children under the care of the Bureau had all the ear marks of black sheep in the making. Child guidance has gone far towards demonstrating that the blackness of the so-called black sheep is less a matter of constitutional determination than a development due to life experiences which are apparently amenable to control.

Nothing is clearer as a result of experience in a child guidance clinic than that human behavior in its pathological, unsocial, and unsatisfying aspects cannot be completely understood without as far reaching and as scientific study as is needed for an understanding of physical health and disease. Much of what general medicine has discovered about health and disease is now available for the ordinary human being to be used by him in so far as his common sense permits for the purpose of keeping well and ridding himself of minor physical ailments. The same process of education is enabling persons concerned with problems of behavior in themselves and others to make use of the scientific knowledge which is being discovered and formulated in the field of mental hygiene. As we have already stated, there is nothing in the experience of the child guidance clinic to suggest that every behavior difficulty arising in a family should have the diagnosis of a psychiatrist. It is, however, clear that no matter how widely spread becomes the knowledge of the principles of mental hygiene, no matter how effectively these principles are used by laymen, there must always be deep-seated problems of human behavior which call for expert analysis and treatment.

The second general aspect of the contribution of child guidance is its distinctive methods of treatment. These treatment methods are distinctive less in their inherent character than in the precision with which they are used and the degree of penetration into the situation which they make possible. When one reads the details of treatment as they are outlined in the remaining chapters of Part I of this report, they look again suspiciously familiar to the layman. There is neither magic nor mystery in the treatment suggestions of child guidance. Unlike general medicine, the practice of child guidance does not offer as treatment to its patients prescriptions which, like drugs, surgical operations, or prescribed diet, can only be administered by the physician or carried out

under his close direction. The prescriptions of child guidance, when they are followed by patients and others, become a permanent part of the equipment of the person concerned, to be used by him thereafter on his own initiative and in accordance with his own judgment. They become, in other words, a part of his endowment for the business of living, incorporated into his store of knowledge, the stock in trade of his common sense.

From this point of view, the suggestions of the expert in child guidance may sound to the layman like something which, if he had not thought of them before, he probably could have thought of had he put his mind to it. The success of innumerable sane, intelligent parents in dealing with their children would suggest that the layman is probably right in this opinion, but he is right only within limits. There are apparently innumerable other laymen functioning as parents who do not "put their minds to it," and almost as many whose experience, intelligence, and common sense, even when they have put their minds to it, have not been equal to the successful handling of the more complicated cases of human behavior.

The treatment suggestions of child guidance, familiar as they frequently sound when made, are given a degree of authority by the scientific study from which they have resulted. What manner of suggestions do those responsible for child guidance make? At various times, it was suggested to a mother that her boy ought to have more regular contacts with other boys such as he might get through a high school fraternity. It was suggested that when the boy had a temper tantrum, his mother might remember that for nearly fifteen years he had had pretty nearly everything he wanted and that he could hardly be expected to change suddenly, therefore, some tantrums must be expected, but that they might occur less frequently. It was suggested that every

effort be used to assist the boy to develop a greater degree of independence and to acquire a more mature attitude towards things by placing more responsibility on him in such matters as getting off to school promptly, caring for his own clothing, etc. It was suggested that the mother might secure a modification of the older brother's hazing practices towards the boy. It was suggested that she give him some home responsibility in the nature of chores; that she try to arrange for him to get regular exercise; and that she encourage him to find a job during the summer.

We have mentioned here some of the simpler aspects of the Bureau's treatment in this case in order to emphasize that it is just these simple suggestions which form a highly significant part of the service which the Bureau rendered to parents. In themselves, they hardly seem to justify the maintenance of an expensive clinical service. It must be remembered, however, that in themselves they were well within the reach of the parents of this boy prior to their bringing him to the Bureau. As factors in treatment, they are lifted out of the commonplace by the fact that they were based upon an understanding of the boy's problem which could hardly have been arrived at except by the process of exhaustive study which the Bureau was equipped to give. The experience of the Bureau proves that these familiar possibilities in treatment are constantly overlooked in the absence of authoritative knowledge regarding causes of human behavior; and proves also their great importance in treatment when accompanied by such knowledge. For these reasons we shall discuss the implications of such treatment possibilities in considerable detail later in this report.

WHOSE SUCCESS?

Throughout this report we have discussed the treatment of children largely in terms of the Bureau's effort in their

behalf. We wish to record the fact that a large measure of credit for the improvement in a majority of these cases is due to the efforts of parents, teachers, and other related persons, conspicuous among them older brothers and sisters, working during the treatment period under the leadership of the Bureau. This point is emphasized not merely to give credit where credit is due, but also because we have deliberately raised as a test of success the extent of the Bureau's contribution to the equipment of parents, teachers, and others for a better understanding and handling of children.

As is elsewhere stated, more than one-fifth of the cases treated resulted in failure. It is recognized by the staff that these failures were due in some measure to their own limitations, to the inevitable inadequacies in their work as human agents; and in some measure, also, to the limitations of our present knowledge of human personality and our present methods of dealing with its problems. It is hoped that an exhaustive analysis of one hundred cases, which is now in process and the results of which will later be published, will throw considerable light upon the reasons for the failure of the Bureau in these cases as well as upon the reasons for its success in others. But this failure of the Bureau in a certain proportion of its cases we believe to be due in part, also, to the failure of parents, teachers, and others to take advantage of sound suggestions regarding treatment. If the Bureau's successes are partly the successes of the parents concerned, it follows that its failures are partly the parents' failures. Whether improvement in the child follows or fails to follow upon the Bureau's efforts depends as much, probably, upon the carrying out by fathers and mothers and other close relatives of plans outlined to them, as upon the soundness of those plans.

Karl Ibbing was a boy of eleven who had had great trouble in adapting himself to school. He misbehaved at home, was

disobedient, given to temper tantrums and in every way was a difficult youngster to handle. His father was an irregular worker and a drunkard. His mother was intelligent but harassed by a large family and the problem of supporting them. Karl had an older brother who had apparently made no difficulties whatever for his mother. Like his mother and Karl's teacher, Will thought that Karl was bad. This family had been receiving generous financial assistance from a social agency. The contact of this agency with the family had been maintained by a social worker of unusual discrimination, who had a real interest in Mrs. Ibbing and the children.

For an indefinite period prior to the appearance of Karl and his mother at the Bureau, whither they had come at the suggestion of the social agency, the following persons had made honest, thoughtful, and persistent efforts in varying degrees to deal effectively with the boy: his mother, his brother Will, three school teachers, a school principal, and the social worker of the agency. Our case record contains verbatim quotations from these persons regarding their relationship to Karl and most of them suggest the type of effort which they had made in order to improve his conduct.

From the mother:

"Will teases Karl."

"Karl has an unhealthy interest in girls."

"Karl is just like his father."

"Karl is much harder to get along with than Will."

"Karl resents the greater attention which the mother gives to an older brother and a sister."

"Karl has to wear Will's cast off clothing."

"Karl should be sent away to some school under the direction of a man."

The mother fears, "Karl won't behave."

The mother says to Karl in front of the school teacher, "If I get my hands on you, I will knock hell out of you, you damn thing."

It is further recorded that Mrs. Ibbing nags at Karl, that she beats him, that she scolds him incessantly.

From the social worker of the agency:

She has always liked boys.
She thinks Karl a "sorry little figure."
Karl has promised many times to try to behave.
She has tried to mix encouragement and preaching in dealing with him.
She has urged the mother to be more demonstrative towards him.
Once when he had been particularly exasperating she took him by the shoulders and shook him.
She often scolds him but she is sympathetic.
She has tried to arrange some manual training for Karl.

From the school:

"From the time he entered, he was a general nuisance."
"Every effort has been made to straighten him out."
"The more personal attention he got, the worse he acted."
"Being nice to him does not bring any better results."
"He was transferred to another school in the hope that his behavior would improve."
"A correctional institution is the only solution."
"He should be taken out of the home as his mother uses poor judgment in trying to control him."
"He is wrong in the head."
"He should be placed in an ungraded class."

The only new factor in this situation from the time of the reference of Karl to the Bureau was the Bureau itself. The Bureau's contribution to this situation was made over a period of several months. Mrs. Ibbing speaks English with difficulty. She was, however, as has been indicated, a woman of intelligence with high standards for her children, despite her emotional outbursts and the violent language she sometimes used. The effort of the Bureau was to reveal to her the cause and effect relationship between Karl's conduct and his treatment at the hands of herself, the older brother, and his teachers, and to make the school attended by Karl aware of the same relationship. The problem was superficially simple. It involved the recognition on the part of Mrs. Ibbing and the school authorities of Karl's feeling of inferi-

ority, of his deprivation of certain normal sources of recognition due to the attitudes taken towards him by the older persons with whom he was associated. The treatment suggestions made by the Bureau were also superficially simple. It was suggested to Mrs. Ibbing that she stop comparing Karl unfavorably with his older brother, that she try to get the older brother to stop hazing the boy, that she abandon her practice of yelling at and abusing him, that she recognize the great value of self-control for a person in authority over children.

The suggestions made to the school were similar. It was urged that they recognize some of the difficulties which Karl faced at home, that they cease to regard him as hopeless, that they endeavor to recognize and emphasize with him any evidences of achievement on his part.

Simple as these suggestions seem, it was not easy to get either Mrs. Ibbing or the school authorities to recognize the implied possibilities. Their own experiences with Karl's misconduct, the history of their efforts to deal with him, all seemed to point towards the futility of such measures as were suggested. Step by step, however, these adults in Karl's environment agreed to modify their attitudes towards him and their habitual expression of those attitudes. The result was a completely satisfactory adjustment of the problem. Just before the Bureau closed in June, Mrs. Ibbing told one of its workers that Karl was no longer a behavior problem. She added that her whole attitude towards her children had been changed. Her explanation, phrased in halting English, amounted to this: she had acquired through her contacts with the Bureau a feeling of security which had changed the whole aspect of life for her.

In this case the direct work at the Bureau with the boy had much less significance in terms of final outcome than its work with Mrs. Ibbing. It is apparent furthermore that

without Mrs. Ibbing's intelligent cooperation no progress in the case would have been possible. She received from the Bureau a considerable degree of insight into the foundations of Karl's behavior difficulties and into her responsibility for finding a solution for them. Mrs. Ibbing gives the Bureau credit for the results achieved. The Bureau believes that her contribution was as great as its own.

It is recognized that many of the cases which have responded to treatment at the Bureau might have come through to successful adjustment without any outside help. After all, troublesome youngsters frequently do find themselves without help from the outside. Recognition of this fact does not detract from the value of child guidance or discount the value for children that lies in a better understanding of their problems on the part of those who occupy positions of authority over them. In the case of Karl Ibbing we think that the contrast between the efforts of various adults to improve his behavior, as these efforts are indicated in the quotations made, and the efforts made by many of the same persons after they had been given the advice and leadership of the Bureau is almost a demonstration of the value of child guidance.

The significance of child guidance does not lie in its power to cure misconduct. So far as known there is no such power. It lies rather in its ability to reveal to troubled children and to troubled adults who are conscientious in the discharge of their responsibilities towards children under their care new possibilities of adjustment which lie within their reach.

Chapter II

THE CONTENT OF CHILD GUIDANCE: PARENT AND CHILD

WE HAVE reached at this point in our understanding some appreciation of the multiple cause and effect relationships involved in the child-parent situations. In the prolonged treatment contacts at the Bureau it was possible to get an intensive view of the many personal and environmental facets of human experience. This chapter is an attempt to summarize the outstanding problems found in our work.

Since the inception of psychiatry as a branch of specialized medicine the psychiatrist has been concerned with the problem of his patient's adjustment to reality. In order to understand the processes of adjustment it has been necessary to think of the patient and his total reactions to life as constituting a social as well as a personal experience.

For many years now, beginning with the efforts of Pinel early in the nineteenth century, we have been growing increasingly aware of the social implications in the care of individuals suffering from mental disease in the more advanced stages. The progressive advance in the care and protection of this dependent class of sick people makes an interesting chapter in the history of psychiatric practice.

Without the knowledge gained in our care of the behavior manifestations of the psychotic and neurotic groups the opportunity for learning the most significant of all the dynamic truths in the hygiene of the mind would have been difficult to achieve. This truth involves the recognition that the behavior of the patient, whether insane or neurotic, is symp-

tomatic of a deeper underlying problem of emotional and personality unadjustment frequently of long duration prior to the onset of the so-called disease.

The need then to study the roots of the personality led us back to study the individual as a whole, with special attention to his inter-acting relationships within his environmental background. This led to a more critical appreciation of the fact that other factors of vital importance to the growth and development of the personality of the child or of the adult existed besides those inherited patterns formerly emphasized and used by the psychiatric group to explain the reasons for deviations from the normal in the mental and emotional levels of the individual's experience.

If we take a longitudinal as well as a cross-sectional view of the advance in our understanding of childhood problems it might be said that the progress which marks the last decade of our growth has been dependent upon our capacity to integrate the contributions coming from the fields of social psychiatry, psychology, sociology, physiology, biology, hygiene, and chemistry.

THE FOUR-FOLD STUDY PLAN

To facilitate the study of cause and effect relationships in the child's or adult's experience and to make use of the contributions from all these fields, the four-fold study plan was developed. This four-fold study plan in psychiatric practice is well known to many readers. It consists of a social, psychological, physical, and psychiatric investigation of the individual and his growth and environmental experiences.

The cases referred to the Bureau were studied jointly by the psychiatrist, psychologist, social worker, and social work supervisor. The case at the time of referral was assigned by the social work supervisor to the student and the child was not seen by the psychiatrist or psychologist until the

social history had been completed. If the reader will refer to the outline of history to be found on page 294, Appendix C, many of the points of dynamic value contributed by the social investigation will become clear. The social worker's study chronicles some of the multiple forces and trends which operate upon the child even before birth and offers as well an evaluation of the more complex experiences which are a part of the growing period. Without the knowledge of these social, parental, and environmental factors it would be difficult to interpret the symptomatic behavior of the child or to identify the causal elements in the situation which may present possibilities for reconstructive therapy.

Just as important in the study of the child for purposes of diagnosis and treatment was the psychological examination.[1] This study, which gauged the general level of intelligence, educational achievement, ability to work with concrete and mechanical material, and the evaluation of special abilities and disabilities, made possible a more complete interpretation of the child's educability in terms of his native equipment and the use which he was making of this. This latter aspect of the findings offered an important contribution to the psychiatric study of the case, for it reflected the child's patterns of reaction in the face of the concrete reality of educational experiences.

The physical examination, which was a part of the routine procedure mentioned above, had a dual value from the psychiatric point of view.[2] On the one hand the findings gave an indication of the adequacy of the physical functions; on the other they indicated the possible interrelation between the physical and emotional experience coming to the child. In the contacts which the psychiatrist had with the child all the findings of the four-fold study were utilized, and in the

[1] See Appendix C, p. 299, for discussion and listing of psychological approach.

[2] See Physical Examination—Appendix C, p. 301.

following pages a correlation of the four-fold approach is attempted.

From our own personal experiences we early learn the lesson that life is made up of many forces which operate upon us from within ourselves as well as from without. That these forces are frequently antagonistic to one another is obvious, and it is easy to understand how the many conflicting trends serve to complicate the individual's adjustment to reality. Through the material made available in the four-fold studies it is possible to evaluate with accuracy many of the cause-and-effect relationships which have constituted the experience of the patient. This objective evaluation is needed before it is possible to plan a treatment program adequately.

Accepting the premise that the child is the product of his native equipment and his physical, intellectual, and emotional experiences, it is not difficult to see the contribution made to the personal hygiene of childhood from the field of preventive and clinical medicine.

For a long time we have recognized that not only can we measure the processes of physical growth and development but we are able to determine the necessary diet of food, sleep, exercise, and rest which is required to preserve health and to facilitate growth. We have learned that in the realm of the physical development we must differentiate between a constructive, or growth-promoting regime and a regime which is destructive in the sense that it retards or prevents a healthy development toward maturity. In any field of growth—intellectual, physical, social, or emotional—when we talk of constructive values we imply the dynamic possibilities of growth-producing experiences. This conception involves an appreciation that every experience contains within it elements which in greater or less degree either help or hinder the growing and maturing processes of personality development. To simplify this process of evaluation of all of the experiences

coming to the child we can identify with a degree of reliability those which are either more constructive or more destructive, assuming that the destructive elements are those that tend to interfere with or slow up this process of growth toward maturity and tend to prolong the values of dependency for the child, while the constructive have the opposite effect.

On the level of intellectual growth we have learned from the psychological field that the child should be supplied with a diet of constructive learning experience, one which adds to his power of achievement in direct proportion to his abilities. A program which challenges enough but not too much, which is easy enough for success but difficult enough to keep interest alive and lead to further achievement; such is considered a constructive learning experience. Every situation which the child has to meet offers him an opportunity for adaptation and thus demands that he use his intellectual equipment, in so far as its incomplete development permits. Intellectual experience, then, begins long before the child enters an organized school setting, our present concept of learning; in fact, implies that the educational angles of the intellectual experience are a part of the daily program literally from the time of birth.

At this point in his development the child abruptly changes both his milieu and his very organic functions. This birth experience requires different adaptations according to its nature. It is at best an unsatisfying experience in that the change is sudden and involves leaving an absolutely protective environment in which even eating and breathing are passive experiences, for an environment in which the baby must at once exercise his organic functions in a much more aggressive, self-reliant manner. We use these adjectives comparatively, to be sure, but there is no gainsaying the changed responses which the birth experience demands. It is an essentially constructive experience if the birth conditions are normal but its educational

values differ with the circumstances surrounding parturition. A precipitous birth demands even more in the way of sudden adaptation than the normal delivery. A prolonged birth means pain and pressure over a longer period of time with its consequent bruising and exhaustion. If then the birth experience is attended by any deviations from what are in any event painful conditions, it may be more destructive in value. The entrance into the world may be associated with so many and such severely painful shocks that the infant for some time shows its dissatisfactions and therefore, in the obverse, its strong desire to return to the more comfortable state whence it came. The crying spells, irritability, resistance to regular habits, or negative reaction to the mother's breast which follow unusual deliveries are some of the early responses to the unsatisfying emotional experiences surrounding such births. In the sense then that the birth experience may modify the child's earliest adjustment to the world, it must be looked upon as educational in nature.

It may not be easy to accept these very early experiences as having educational value since we have, for such a long time, looked upon education largely from the formal angle and have conceived that it began at the time of the child's admission to the school. Lately, however, through the efforts of those interested in the pre-school group, and in the organized kindergarten and play groups, we have slowly enlarged our conception of the scope of this educational process, and more recently, through mental hygiene work with children, we have become increasingly aware of the significance of the first few years of the educational period. The importance of these years is easy to see when one considers that the structural patterns of habits of eating, sleeping, weaning, sphincter control, and the like, are laid down in this period. We must bear in mind that it is largely in the emotional values with which these educational experiences are endowed that each

individual's feeling tones and attitudes towards the more complex experiences of later life are rooted. The extent to which these feeling values become a part of every experience is difficult to grasp, for too little, even now, is known of this feeling side of the child's experience. We are aware that he cries or smiles, sleeps or is wakeful, fusses or is contented, but for the most part too little effort is made by parents and parent-substitutes to estimate just what kind of feeling values enter into his daily life. Parents and teachers talk glibly in their discussions of the theory of mental hygiene about the emotional value of every experience. How much do we know about this so-called emotional component? Are parents and parent-substitutes themselves able to recognize without further education the feeling value of an experience coming to the child?

The answer to this involves consideration of the many angles of the child-parent relationship. These social-psychiatric problems found in the parent-child adjustments in our work in child guidance have illumined the many facets of these problems in personality development.

CHILD GUIDANCE AND PARENTAL GUIDANCE

As has already been suggested in the preceding chapter, one of the outstanding and ever present problems to face in the practice of the social worker and the psychiatrist is the complex emotional over-loading involved in the parents'[3] attitudes and methods of handling their children. In outlining a working ideal for parents we often stress the importance of consistency in handling, in matters of discipline, guidance, and control. To achieve this ideal as a general working basis in meeting the hundreds of issues arising each day in the parent-child contacts, the first and most important part of

[3] In this category of "parents" we must be reminded to include all parent-substitutes as well, i.e., nurses, teachers, social workers, ministers, doctors, other adult family members, etc.

the parents' equipment should be that of objectivity. This implies not only an appreciation of the child as an individual but also a degree of insight on the part of the parent into his own emotionally over-determined attitudes, biases, prejudices, and values which he brings to bear in his handling of the child.

The reader who considers some of the problems of parental unadjustment reflected in the cases alluded to in the present volume will appreciate the fact that child guidance implies parental guidance as well. It is only fair to the parent group to call attention to the fact that many of the problems which they find themselves burdened with are the products of their own past experience; for just as truly as with the child, the personality adjustments of the parents must be interpreted in terms of cause and effect in their own experience. This, however, cannot relieve the parents of responsibility, for with intelligence and a desire for change it is possible to achieve re-evaluations and new adaptations of a more constructive kind. Such re-adjustment is more possible for the parent who has insight into his problem than for the child, for the adult to a degree far beyond the reach of the child can manipulate and shift his environment in a more active way.

This fact furnishes workers in the child guidance field with the two most dynamic and constructive possibilities in the field of prevention. First, the parent who is interested and cooperative can be so guided and assisted in his understanding of himself in relation to the child and to other members of the immediate environment that the destructive elements in these relationships may be re-valued and re-integrated as constructive forces which lead to a more healthy and wholesome adjustment for everyone concerned. Second, the child, who is a personality in the making, may be so guided in his early growth period that a degree of mature emotional and social health may be his from earliest babyhood. One does not need much vision to realize that if such opportunities

for normal growth and development for children could be made possible we should be solving the problems for the generations of the future as well as of the present. The importance of doing an early educational and preventive job becomes evident when one appreciates that every one of the five hundred and ninety-one cases treated for a prolonged period at the Bureau presented many complexities often involving physical, intellectual, and educational issues as well as emotional difficulties and conflicts resulting from problems within the home and from parental mishandling of them.

Before entering into a more detailed consideration of the issues involved in the child's experience, there is value in noting some of the parental problems most frequently met in our work with families. When we visualize the environmental situations which make up a large part of the early life patterns of every individual, two broad trends of experience stand out clearly. First, the period of dependency for the child is a prolonged one because for many months he is completely cared for by the parent through every kind of service, and even in the later years until he has achieved the status of being more grown up he still requires a continuation of some of the dependency patterns though he has every interest and desire to become independent. In many cases, this dependency is over-fostered and intensified by the need of the parents themselves, for the emotional satisfactions of the parents are much involved in keeping their offspring dependent and tied to them.

The relation of the parent to the child in the role of an authoritative person furnishes the second broad trend of each child's experience. The child's need for guidance, the necessity for parental direction and education, is universal in the early days. The authoritative emphasis which the parent utilizes, or the lack of it, is dependent upon many personal as well as environmental elements. In many of the cases

studied at the Bureau, problems of over-emphasized, too lenient, or inconsistent authority were found. In most of the parents evidences of their own childhood problems and child-parent difficulties were revealed. In many there were ample evidences of difficulties of emotional adjustment which complicated their relationships with their children whom we were studying.

To chronicle all of these would require more space than this present study permits. In a research project to be published, a study of one hundred cases of success and failure in treatment, these problems will be discussed in complete detail.

PARENTAL PROBLEMS CENTERING IN THE MOTHER

There is value, however, in referring to a few types of parent problems. Take, for example, a girl who has, throughout her unmarried life, been fostered in an over-loving family group. It is not difficult to see how easy it will be for her to seek from her husband some of the same fostering and consideration which she has found with her own mother and father. If the husband is mature enough to be able to assume this role of parent as well as mate, she may be so completely happy that life seems very rich to her until she is faced with the reality of becoming a parent herself. With a need to perpetuate her early patterns of dependence, this new experience presents many complexities. Instead of herself continuing in the child role, the expectant mother must renounce the dependency which has been completely satisfying in order to assume the role of mother to some who inevitably must be dependent on her. This emotional unreadiness to accept the obligations of parenthood creates for all the members of the family group, but primarily for the immature wife, many critical problems. There are numerous ways by which the wife may attempt to maintain her dependence which is threatened by the coming child. Such an attempt

is but the natural response to a repeated pleasurable experience. Not without a struggle do we loosen our hold on the comfortable dependence of childhood to enter the world of uncertain adult satisfactions. This is best illustrated by the diverse responses that are so frequently found in family situations of this kind. It is easy, knowing something of her early patterns, to see how the wife may respond by a complete resistance to motherhood, and the emotional storms which she precipitates because of her anxiety and fear or her irritation and rage at her plight merely indicate the variations of response so frequently found. If the baby finally arrives she may deny the child, accepting it only in the role of rival, denying any plus values[4] to herself or to the child. This denial may express itself in withholding breast feeding, any mother care, and, in some more acute cases, even in a complete withdrawal from the presence of the child. Invalidism may furnish her with an adequate excuse, or, lacking this escape, she may turn the child over to the care of someone else, showing little concern as to its welfare. The possibilities of denial are endless; and they may include punishment and physical deprivations, and not infrequently, where relatives or funds for boarding out are available, the child may be farmed out to relieve the family tension.

In some family groups the father, sensing the wife's denial, may assume the role of "mother-person"[5] as well as father, but unless he does this with an awareness of the mother's own needs he merely intensifies her problem. What she feared has now come to pass! The husband who had stood in a father role to her has turned to her rival as a result of

[4] The term "plus values" is used specifically to indicate feeling tones of a satisfying nature. The concept of opposites is frequently utilized to furnish an explanation of differences of feeling trends. In this sense "plus" or "positive" is used in contradistinction to "negative," the first indicating relative values of a satisfying nature in contrast to those having relatively unsatisfying values. The term "negative" then, as it appears in this discussion, has a specific use—namely, that of unsatisfying feeling values.

the baby's need for him. If the father is not too strongly identified, because of his own emotional needs, with the deprived child, or does not have to make the baby the repository of his deepest affections through identification of her with a loved member of his own family, then he may be helped to restore to his wife some of her old-time security with him. Occasionally, however, the wife's denial of their child re-creates for the husband a situation in which he felt rejected by his own mother. Then his wife becomes invested with all the unsatisfying unloving qualities of his own mother and he finds himself unable to treat his wife as an emotionally needy child, tending rather to punish her for being a bad "mother-person" to their child. He turns all the more intensely to his child but the situation of paternal over-indulgence combined with complete maternal deprivation can mean only insecurity for the child. The child's emotional needs can be met constructively only through his security with both parents and the security of each parent with the other.

The case of Anna Boone, a little girl of seven, illustrates with great clarity how the father's attempt to give his daugh-

[5] There are several generic terms relating to parenthood which demand definition. Parent-surrogate, or parent-person, or parent-substitute, is used to denote all others than the biological parents who in the psychological life of the child are destined to wield authority and contribute to his love life, in other words, to give him security through sources more powerful than himself. It has been indicated from time to time that these substitute parent people are not always satisfying to the child but are sometimes responded to as the sources of unsatisfying experiences. There may be objective reality in such negative values when the parent-surrogates actively deprive the child. But there are other instances of negative values attached to parent-surrogates when the values come, not because of the real actions or attitudes of the surrogates but because the child has been so conditioned by depriving own-parents that all substitutes become identified with his original parent experiences.

For the most part the term parent-surrogate does very well but there are times when more specific names must be used. When the parent-substitute assumes for the child a definite mother- or father-aspect, we have used the words mother-surrogate, -substitute, or -person, and similarly father-surrogate, -substitute, or -person. The substitute will be activated by his (or her) own personality development and treat the child as he (or she) feels a child should be handled. In his response, the child is motivated by the values which his own mother and father have for him, by the personality of the substitute, and by the emotional needs which the child wants the substitute, as either a mother or a father, to satisfy.

ter security ended in disaster because it robbed his wife of hers. The early history of Anna's father was unusually free from serious disturbances. As the youngest son of a prosperous business man, Edward's childhood was comfortable and pleasant in material ways, and essentially secure emotionally. The elder Mr. Boone was very fond of Edward and they were companionable in many ways. In spite of a quick and rather violent temper Mr. Boone was lenient with his children and particularly so with this last child of his. Though the younger Mr. Boone returned his father's affection, he told the Bureau worker that he was fondest of his mother. She is described as an intelligent woman, interested in club activities, albeit at the same time a devoted mother.

All of Edward's brothers became successful business or professional men. Edward, on the other hand, after finishing the eighth grade, refused all offers of further schooling and, after a short course in business college, entered his father's office. The entire family, while expressing a fondness for and loyalty toward this youngest brother, nevertheless look upon his economic status as a mark of failure. Their attitudes toward his changing jobs and business reverses have added to his feeling of inadequacy.

Edward remained single until the age of forty. His marriage to a girl ten years his junior was a terrific shock to his family, the more so as they considered her of inferior stock and unworthy of becoming one of them.

In contrast to the history of satisfying childhood experiences in which Edward grew up, the background of his future wife was predominantly negative in value. Ruth Morse's father was an undemonstrative, nervous but kindly man who played little part in her life. Her mother was a delicate woman who died in childbirth when Ruth was but five years old. Mr. Morse, finding himself with a small daughter to

care for, soon remarried. The second Mrs. Morse was a vigorous woman of much common sense, but severe and unyielding. She had two daughters of her own by Mr. Morse and though she strove for impartiality, Ruth says she "always felt a difference." There were never any open breaks. Ruth was always on excellent terms with her stepmother and half-sisters even after her marriage to Mr. Boone. Nevertheless, there is ample evidences of her childhood unhappiness. She had frequent crying spells, cried much in her sleep, and was looked upon as generally "queer." Mrs. Morse did not allow her to play on the street but kept her indoors to help with the care of the children.

Ruth brought to her marriage the full measure of her depriving experiences, great insecurity, and a deep-seated need to find a protective, understanding "parent-person" in her husband. From the first, her immaturity and unreadiness to assume responsibility were apparent. She had hated housework as a girl and her first reaction after marriage was to let down completely and play invalid for three months. Her untidiness, poor judgment, and constant complaints were further evidences of her childishness. Mr. Boone was able for some time to treat her as she wished to be treated. He had a pleasant manner, a self-assured air in which she could rest confident, and a flattering repentance after one of his outbursts of temper. As a young cousin of his told the Bureau worker one day, "he would die to protect his wife from injury." This devotion of his, given in such a paternal spirit, could not but be utterly satisfying to a woman who had had almost no demonstration of affection in her entire existence.

This condition of satisfied self-centeredness could not be permanent however much Mrs. Boone wished it. Her pregnancy was an immediate threat to her. She felt badly all the time, and though she talked about wanting a baby her

unconscious resistance came through at night for she cried constantly in her sleep. Just as she reacted in former days to responsibility thrust upon her by the death of her mother, the advent of a stepmother and baby half-sisters, so now she responded to the necessity of giving up her dependency upon her husband in order to be a parent to their child.

Anna did not thrive in this over-charged emotional atmosphere. As an infant she lost weight, refused to nurse, and cried continually. Her aunts say she was "disagreeable from infancy," that this trait was apparent when she was only a week old. It is easy, however, to recognize in the baby's fretfulness and irritating ways an inevitable response to the mother's resentment and the insecurity to which Anna was exposed in consequence.

Mr. Boone from the beginning played quite a part in his young daughter's life. His security and consequent ability to take the father role towards his wife enabled him to assume it with Anna also. Had Mrs. Boone been able to accept motherhood, Mr. Boone's attention would have been a most satisfying and constructive experience for Anna. As it was, it contained little of a satisfying nature because by experiencing her father's love she aroused her mother's antagonism. Instead of gaining security with both parents as is every child's prerogative, Anna had none with her mother and was given to feel that she had no right to any with her father.

As Mr. Boone continued to dress the baby, play with her, and be demonstrative in his affections, Mrs. Boone found it more and more difficult to hide her jealousy. It manifested itself at times more subtly, at times quite crudely. She was careless about the child's sleeping hours and diet though she exhibited anxiety over Anna's undernourishment and fatigability. When Anna was difficult to manage, Mrs. Boone threw up her hands, said she was impossible, and left the child to her own devices. Occasionally Mrs. Boone went so

far as to predict that she would go insane because of Anna; or to blame her nervousness and wrecked spirits on the child's behavior. Her complaints of ill-health and bids for sympathy were of course nothing but thinly veiled attempts to regain the center of the stage, to rebuild her lost security.

Since much of the history came from the mother, the record of her unwise handling is rather incomplete. On the other hand, not only from Mrs. Boone, but from all other adults as well, come full reports of Anna's attitude toward her mother, the child's response to the deep-lying feeling of rejection. Everyone talked of Anna's "aversion to her mother," her hatred of being touched—strong evidence that the physical contacts of babyhood had been unsatisfying experiences—her refusal to obey unless the mother couched her requests in certain verbal formulae, her tendency to scold Mrs. Boone like a naughty child, and then her rare softened moments when she would say, "Call me darling and be nice to me and then I'll stop crying."

It is easy to see that here one is deadlocked—the child needs security, so does the mother, and the only one who can give it is the father. Yet his attention to either one of them threatens the other and increases the family problem. One's greatest chance of success lies in an outsider, i.e., a social worker or psychiatrist, who may relieve Mrs. Boone of some of her emotional burdens, knowing that a degree of self-security alone will make possible her adjustment to her daughter.

In some cases this feeling on the part of the mother has no conscious counterpart and yet the feeling tones of conflict and jealousy constitute just as large a part of her handling of the child. The problem of resolving the difficulties for the child necessitates some resolution of the mother's problem by the worker if an adjustment is to be accomplished. Again one encounters the necessity of dealing with causes

rather than symptoms. Urging the mother to give evidence of love and affection to the child who represents a depriving factor in her life will merely increase her unconscious resentment toward the child. Furthermore the worker then stands on the side of the rival and against the mother who so greatly needs understanding and sympathy herself. The case is then doubly lost. But if the mother can first find security with the worker and solve some of her own emotional problems—jealousy of a rival sister in her early family group or an unsatisfying relationship with her mother or father or a too-prolonged attachment to a loved relative—then the need to punish her child ceases to operate and she is ready to be as good a mother to her child as the social worker has been to her.

In other cases where essentially the same need of dependency has been fostered from childhood in the "mother-person," especially where her marital relationship fails to supply her need for love, we see the mother turning to the baby with a degree of intensity which indicates her drive to find in the love relationship with her child all the satisfactions of her own love needs. Here in this tie, then, we see opportunities for mother satisfaction, and for the child, whether a girl or a boy, the destructive satisfactions of too intense a mother dependency which fosters like needs in the baby. The "father-person" then plays the part of an intruder and so frequently finds himself on the outside of this complete combination. His methods of meeting this situation are determined frequently by the patterns of his own life experience, complicated to a degree by the new problems which develop in his position of outsider in his own family.

One of the Bureau's cases illustrates such a situation. Albert, a boy of nine, was brought to the clinic by his mother because of his extreme nervousness and timidity, frequent night terrors, severe stammering, and over-conscientiousness. Albert's symptoms all fall into the category of dependency

fostered by the needs of his extremely immature, unsatisfied mother. Mrs. Rowe was the first girl, born after four boys. She was the only one of the children to be threatened by a disease which had recurred frequently in her mother's family, and primarily for this reason had been over-coddled and protected by all her relatives. A secondary cause of her over-dependence lay in the deeply rooted tradition of the sanctity of womanhood. After the death of Mrs. Rowe's parents she was content for a time to live with her brother's family, but eventually that failed to satisfy; she had no means of livelihood; marriage was the only possibility and admittedly her last resort. Clinging to the attitude fostered by her family she hoped to find in her husband the same worshipful consideration that had been bestowed by her father and brothers.

A rapid survey of Mr. Rowe's background reveals, however, that he was totally unable to provide the security of over-dependence that his wife needed. As an only son his devotion to his parents persisted through the years. He begged his parents—and succeeded in persuading them—to live with him after his marriage. Until his mother became too old and ill to carry the burden, she was housekeeper and took all responsibility from her daughter-in-law's shoulders. The younger Mrs. Rowe gladly fell in with the plan. She had no desire at this late date to assume the responsibility that had never been demanded of her in her own home. She had no ties binding her to her husband except the need for self-preservation in its most material forms. When her first baby was born she turned entirely to him, capitalized his physical weakness and frequent illnesses and lavished all of her love upon him. Four years later Albert was born and she needed him all the more because her father-in-law had taken a particular fancy to his older grandson, thereby depriving her of some of her outlet. Thus we see Albert, unable to make his way in the ordinary school and social contacts of

childhood, repressed and fearful and unconsciously but purposefully bidding always for his mother's protection.

We are in this instance particularly interested in the father's reaction. He paid no attention to the children in infancy as his attachment to his mother and his status as only son forced him to reject their claims. Later in their childhood, his denial became more active as his position with Mrs. Rowe grew less and less secure. His protests then took shape in words and attitudes rather than in actions but were undeniable outbursts against the rejection of himself by his wife. His most common dictum was that when the boys were old enough he "would buy them each a ticket and send them one in one direction, one in another." He openly accused the mother of babying the boys and since this produced no change in her attitude he resorted to all sorts of crude teasing which served to humiliate her. He put on an air of boorishness and childish boasting which completely upset her standards, keyed as she was to all the niceties of social custom.

Inherent in this family group are the fundamental problems of each parent, unsolved in adulthood and therefore injected into the lives of the children who by reason of circumstances are satisfying to the mother and consequently unsatisfying to the father whose rivals they have become.

It is not always the case that a woman, unsatisfied with her husband, transfers all her affections to her son. There are times when that son, representing all the painful components of the marital situation, becomes identified in the mother's eyes with his father. Under such circumstances the boy finds no security with the mother nor she with him but the father and son may derive a certain satisfaction from the identification which, though fraught with danger, is, nevertheless, a source of security to both. Billy Carstein, nine years old when he came to the Bureau, was the product of such a family set-up. His father was a quiet, intelligent, and

thoughtful man of forty. Almost nothing is known of his early background except that he was one of nine children most of whom have made successful careers for themselves. Though Mr. Carstein and his brothers and sisters have each built up a separate life they are drawn together when any one of them is in trouble and the desire to help each other is strongly ingrained.

Little more is known of Mrs. Carstein's childhood but the behavior patterns that she brought to marriage are eloquent of very destructive experiences. The story goes that she came of wealthy parentage and was well provided for in England, where she was born, until she was twenty-three. Her coming to America followed on the heels of an unfortunate love-affair which so disturbed her family that they sent her at once to an aunt who had already settled here. For some time she was supported by the money her parents sent from abroad, thus continuing her dependence as long as she could. Not long after her arrival she met Mr. Carstein and a courtship ensued in which, from all accounts, she took the initiative. The match was very distasteful to Mr. Carstein's family who looked on her forced emigration with suspicion, and Mrs. Carstein herself admitted later to the Bureau worker that it was a "business arrangement." Undoubtedly Mrs. Carstein wanted the security of a permanent home and financial support, but in her immaturity she was willing to accept these things without giving any satisfaction in return.

Shortly after marriage her restless excitability became apparent and expressed itself at times even in physical abuse of her husband. Her temper and moods were changeable and frequently she seemed quite beyond self-control. Her marriage was a complete disappointment because Mr. Carstein found business competition too keen for him; his moderate success brought Mrs. Carstein's disapproval about his

ears in no uncertain terms, so that, discouraged, he was still less able to fight through his difficulties. She began to glorify her life of ease at home with her parents and in fact attempted to duplicate it through dependence on Mr. Carstein's family. Far from feeling distressed because of her infantile dependence she demanded financial assistance and much consideration from her husband's brothers and brothers-in-law. When it was not forthcoming she resorted to accusations which implied that Mr. Carstein's economic status was the result of his brother's dishonest dealing. Eventually she insinuated that Mr. Carstein was losing his hold on life, that his senses were deserting him. All the while Mrs. Carstein herself was contributing nothing constructive to her husband's life. From the first she neglected the ordinary duties of a housewife, stayed in bed late, allowed Mr. Carstein to tidy up the house and of course in so doing kept him from attending promptly or efficiently to his own business.

Though this state of affairs was bad enough while they remained childless, when Billy was born five years after their marriage the situation became almost intolerable. Mrs. Carstein continued to lie abed mornings while Mr. Carstein assumed the role of mother and nurse as best he could. He bathed and dressed the baby, put him into his carriage and got him to sleep. When the boy was old enough for school it was again Mr. Carstein who awakened him, prodded him along and took him to school. Mr. Carstein once confided to the worker that he knew from the beginning that his wife was not the right kind of mother and that he took an oath then and there never to have another child.

Billy's inevitable response to his mother's rejection was a constant antagonism to her wishes, a consistent disobedience, an unswerving denial in return. To Mrs. Carstein, Billy was the embodiment of her dissatisfactions, less part of herself than a living representation of the qualities she hated in

her husband. What she could not see as directly associated with Mr. Carstein she projected on to his family. She saw Billy's behavior as an "inheritance" from a cousin of fifteen; she talked openly of her fear that Billy would become a "convict." At times she connected Billy's conduct with his father's supposed mental deterioration and then burst forth in frenzied terms, "Be normal, don't go crazy. Be normal, do you hear?" Frequently she voiced regret that Billy looked so much like her husband. One day she followed this up with the remark to the worker that she had hoped for a girl and had kept Billy in dresses for three years "to make a girl of him." The need back of this is fairly obvious even though a full interpretation is impossible—a girl would have been identified with herself and could have been almost entirely dissociated from her disappointing husband. Her hatred and despair roused her to exclaim one day to the psychiatrist that there were only two things she could do—kill the child or commit suicide.

Obviously the mother was the sickest of the three people involved, and her emotional needs had to be moderated, if they could not be entirely satisfied, before the child's situation could be in any way affected. The father's interest in the boy threatened the mother very little because she had never been satisfied by her husband. Billy's security with his father could therefore be utilized and modified to contribute toward the boy's progressive development. It is most unlikely that Mrs. Carstein can ever assume the mother role; a sloughing off of her most violent reactions through a resolution of some of her more intense conscious conflicts is the most constructive change one can hope for.

In all of these situations the child's problem has been described chiefly in terms of the problems which the mother brought to marriage and consequently to the handling of her children. Since marriage in itself forms a new milieu with

new inter-acting personalities some emphasis must be laid on problems arising within the new group-formation itself.

In the mother, although she may be an intelligent person, we frequently see other over-determined patterns which reflect adjustments to her earlier experiences which have become exaggerated by the elements imposed by problems in her own little family.

Though it is impossible to chronicle all the problems which may arise in response to the incalculable family situations with which we are faced, a few illustrations will serve the purpose. The reader will supply other examples from his own observations. Frequently following the loss of her first child the second off-spring seems to become the repository for the love of the lost child as well as for his own share. Over-solicitousness, exaggerated emphasis on health and dietary schedules, isolation from contacts with other children for fear of infection, fostering of over-cautiousness for fear of injury, deprivation of normal play activity to prevent accident, etc., are some of the expressions of such over-devotion frequently encountered.

Such was the situation which finally brought Louis to the Bureau for treatment of his "nervousness." Both Mr. and Mrs. Foster had looked to their first child as a way to satisfy their emotional needs. Mrs. Foster had always been a shy, reticent person who shunned company even as a girl. When she grew older she still sought solitary recreation, unable to face others on equal terms. Mr. Foster, too, had made a far from adult adjustment to the world largely because his background was heavily charged with the serious emotional instability of his mother. This pair of parents hoped to give their child the kind of happy childhood they had missed and at the same time to receive from him the love-responses denied them earlier. When the first child died, Mrs. Foster suffered a severe depression. The second conception was a deliberate

attempt to provide a substitute for the lost love-object. Already threatened by one deprivation, these parents lived in apprehensive fear lest the second child be snatched from them also. To insure his existence, Mrs. Foster immediately, from his birth, assumed exclusive care of Louis and no one else was allowed any responsibility. She over-emphasized all the little ailments common to childhood and made them occasions for increased solicitude and attention. His play activities were constantly interrupted to prevent fatigue and nervousness. Though a brilliantly capable youngster of six he neither fed, dressed, nor bathed himself. Though his health was excellent he was constantly taken to doctors purely to moderate his parents' dread of losing him. Continually in this tense, anxious atmosphere it is small wonder that Louis clung to the dependence which was made so pleasurable. Whatever the original tendency of Mr. and Mrs. Foster to find their greatest satisfaction in their children, we see that the first threat intensified their need and in large part created the problem epitomized in Louis.

A deep attachment to a younger brother or sister or to some other person in the early years may furnish the necessary impetus for identification of the child with the loved person. Not only does the child often receive the name of the former love object but he finds himself endowed with all the virtues and privileges of that object. His care, education, and training are all designed to produce a replica of his predecessor without much thought as to whether the child's endowment, natural aptitudes, and the like, make this possible. If we talk in terms of satisfaction only, without emphasis on destructive or constructive values, it is obvious that this situation would have more plus values for the child than would identification with a *hated* brother or sister. This latter problem, when it does occur, contains many sources of irritation for both the parent and the child. Mrs. Worth's

relationship with her father had always been a close one. She looked on him even after her marriage as an ideal and naively expressed the hope that her young son Paul might grow up to be the same kind of person. She expected great things of the child, expressing the wish even before his birth that he might be a great musician, and conscientiously attending opera to prepare him *in utero* for his future career. After his birth she exercised great care and watchfulness, shielding him from the onslaught of his playmates, indulging him in his bids for attention within the home. At length Mr. Worth, partly on the basis of a reasonable criticism, largely on the basis of a personal resentment, took issue with her handling of his son and demanded some moderation in her treatment.

In another one of the Bureau's cases an identification is recorded on the unsatisfying side of the ledger. Mrs. Marlow, as the eldest of four children had experienced some of the usual difficulties in adjusting to the three younger ones. Much of the conscious jealousy had been sublimated, yet there were more or less subtle evidences of an unsolved problem. Though her emphasis was light and her tone was kindly enough, it was quite noticeable that all remarks concerning her brother and sister were in derogatory terms. It was never a harsh criticism but rather a pitying evaluation of their lack of initiative, lack of push, of their withdrawal from social contacts, of their slow reactions. It was a condemning, almost contemptuous description, which permitted of no active resentment on the part of the accused but which stigmatized them none the less. When Mary, the first child, was born Mrs. Marlow identified her at once with the three people who had been her earlier rivals. Her security with her husband now was threatened exactly as her security with her parents had been shaken by the arrival of younger sisters and a brother. The re-creation of the competitive situation

aroused the old emotional reactions. Mary was classed with the other usurpers and endowed with all their characteristics. From earliest childhood she heard about her lack of aggression, her too quiet manner, and her retarded movements, until she believed they were part of her innate equipment. She was rapidly becoming the failure pictured with unconscious intent by her mother, when the foresight of a visiting teacher brought her to the Bureau for help.

In other cases the insecurity of the parent frequently seems to make it necessary for an emphasis to be placed upon the consistent carrying over of old family patterns. This clinging to the old gives to the parent a greater sense of security than he could gain by working out an entirely new code which has no connection with the past. In conforming to the family traditions which form part of his early social-emotional background the parent retains some dependence upon his own parents. He is not quite free to reject their patterns and in the resulting dependence he finds a satisfying and necessary security. It is undeniable, of course, that many of the old and tried methods of control and discipline may be constructive in certain situations. The danger lies in adherence to the old for the sake of the parents' own security rather than for the growth-producing effect it will have on their children. In the former event the parent will use the old patterns even when they no longer fit the changed environment and standards of a new generation and the results will be disastrous. In the latter event the parent will see the old family patterns objectively, as methods to be used when it is wise, avoided when it is not; then the source of these patterns becomes insignificant, they give the parent no emotional security, and their only importance lies in the value they will have for the child who is reared by their judicious application.

One young mother who felt herself inadequate to the

responsibility of parenthood quite naturally depended on her own mother's standards of child-raising to pull her through. Her own prolonged dependency made it extremely difficult for her to make decisions unaided, but when her confidence in the psychiatrist grew stronger she made several innovations in her treatment of her little girl which correlated with her changed ideas and attitudes. Evidently her own mother had derived considerable satisfaction in extending her control to her grandchild's life, even as the mother had enjoyed having someone tell her what to do. Proof of this appeared shortly after the afore-mentioned changes when the grandmother announced that Edith was much worse since they had tried mental hygiene. The mother told this story with some conflict as it was not easy to choose between the emotional need to keep her mother's approval and the rational conviction that some of the new ideas were sound and practical.

In parental problems where patterns of over-emphasized authority stand out as dominant issues one never fails to unearth the conflictions and emotional difficulties, the roots of which may be found in the parents' own early experience. The feeling need of the mother which roots itself in the identification of herself with her own strict mother or father often becomes complicated by the conflicts with her husband about the issues of authority and control. One senses some of these in situations where the wife says her husband is spineless, and altogether too easy-going, and where she admits freely that she beats her boy in order "to get satisfaction and relieve her own pent-up emotion."

Several of these points are exemplified in the case of Mrs. Thompson who had suffered serious emotional deprivations in her childhood. Her mother was a severe, undemonstrative, efficient manager; her father was a charming, intelligent man who, after ten years or so of marital unadjustment, deserted his family of five young children. The mother took up the

burden and supported her family without outside assistance until her death seven years later. As her mother's work took her out of the home Mrs. Thompson was further deprived, having no "father-person" at all and a mother whose heavy duties left her neither time nor inclination for pleasant companionship. Added to this were the household and family responsibilities which were of necessity thrust upon Mrs. Thompson as the oldest child. She took for herself the only mother pattern that she knew—an unbending, praise-grudging attitude—since her security had to come from identifying herself with the mother for whom she was substituting. After her mother's death the entire burden of family support as well as child-raising fell upon her. She strengthened her identification with her mother by entering the same trade, and fulfilled her obligations in the same conscientious, dutiful way without a spark of enthusiasm or pleasure.

Mrs. Thompson brought to her marriage the problems and behavior mechanisms of her girlhood. Toward her children she felt the same old need to criticize, to scold, and to withhold praise and affection. Mr. Thompson's background had been kinder to him. Thwarted though he was in his desires to enter the professional field he had had sufficiently satisfying experiences in his own youth to be able to express approval to others. His standards were fully as high as his wife's, but one of the serious sources of their marital unhappiness was this conflict over what Mrs. Thompson called soft indulgence and he termed reasonable encouragement.

PARENTAL PROBLEMS CENTERING IN THE FATHER

In the father, as well as in the mother, we find certain outstanding attitudes and prejudices which reflect the deep-rootedness of his emotional values; in his early experiences, as in hers, emotional needs were created and relationships existed which have influenced his adjustment as husband and

father. To help him work out a more constructive adjustment for himself and the child it is necessary to learn the genesis of his attitudes and prejudices and to discover the values involved in order to help the process of re-integration of these values. Needless to say, when parents are desirous of obtaining help and are honestly willing to cooperate, the chances for success in the solution of the problem are greatly heightened.

In the early contacts with a case it is oftentimes difficult to discover just what part the father plays in the child's difficulties, for too frequently, because the father is away from home during so great a part of the child's waking period, both the mother and he fail to appreciate some of the elements which need to be changed.

Often the father finds a ready excuse in his busy days of earning to withdraw entirely from contacts with his children. In some cases this excuse may hold six days of the week, but on holidays and vacations as well we frequently see him out of the picture, seeking relief from the problems existing in his family group. When this evasion of responsibility comes not merely from ignorance of how to handle his problems and the natural discouragement consequent to such ignorance, but from deeper causes lying in the father's own background or in an unhappy husband-wife relationship, the solution of the children's problems lies primarily in the hands of their parents. The discussion which follows is centered about the father as the foregoing was about the mother.

In cases where the father has always been the center of the stage in his own family and where his mother still plays a very active role in his emotional experience, he must have from his wife a mothering affection and protection since he is too immature to assume a partnership role with any woman. To the adult who has prolonged his dependency, as to the child who is normally in a dependent state, all persons must

be "parent-persons" in order to preserve his security. In such a situation it is extremely rare for the father to recognize consciously that his emotional needs require a "mother-person" as a love object, and that this need ipso facto gives evidence of an essential immaturity. We can see how easy it is for the man to lose sight of the reasons for his irritation at the child, who takes so much of the "mother-wife's" time as to make him feel the neglected and unwanted "child-husband." He may find a solution by withdrawing from the household completely, or through frequent visits to his old family setting he may gain enough security so that the rivalry of his son becomes a less threatening reality. This does not, however, of necessity make his son more acceptable to him and frequently he has no contact with him at all. When the father's own "mother-person" is not available, his needs for mothering still unresolved, we find him needing to insist upon a perpetuation of this relationship with his wife and his frequent demand that the children shall be out of sight or safely in bed before he returns at night would seem to be designed to keep the field clear of the rivals' demands. At other times, evidences of his deep need of mothering is found in frequent outbreaks of irritation at their demands.

Occasionally a more refined type of rivalry shows itself in the father's assumption of the role of law-maker and authoritarian of the group. The evening court sessions which are held on his return from work in which he extracts from his child a report of all the criminal acts of the day, especially those in which he has been disobedient to the mother, offer him not only the opportunity to be judge but also permit him to drain off some of his own unconscious jealousy through punishment of the offender.

One of the Bureau cases aptly illustrates such a behavior pattern. Mr. Titus was the only son of a devoted mother and an excessively severe father. The childhood dependency

persisted throughout his life. He adored his mother, made her his first consideration, and was so demonstrative and expressive in his affection for her that even the untutored layman wondered at the strong tie between them. Because the small town in which he lived did not offer the finest educational and work opportunities for her boy, the mother sent him away to school and college. The physical distance between them did not break the emotional bond; their letters were frequent, full of exaggerated solicitude, anxiety over small trifles, and vivid, sentimental adjectives.

The long separations did not cure the boy's desire for mothering because a natural growth to maturity had been frustrated by the mother's emotional need to keep him tied to her. The separations represented emotional deprivations even while his self-esteem rose with his academic, and later business success. As his special training made it necessary to stay in New York he had somehow to gain for himself the emotional satisfactions which letters alone could not supply. This he did—or attempted to do—by marrying a young girl of eighteen who was no more mature in her emotional development then he.

Ethel Fuller was the product of a most unfortunate family situation. Her father was a kindly tyrant, who preferred taking responsibility to sharing it, in order that he might keep the upper hand. Along with his domineering attitudes and dogmatic pronouncements went a consideration and softheartedness that bespoke conflict and emotional turmoil beneath the surface. His wife, a passive woman, suffering intensely from the effects of childhood repressions, was utterly dependent on him in all the phases of her existence. Her pleasant satisfying experiences had been with her father; her painful ones with her severe, rather pedantic, and quite brilliant mother. What Mrs. Fuller needed, and secured, from her husband was perpetuation of the father-daughter relationship.

Unfortunately for everyone concerned their four children were all girls and each in turn became a rival to the mother for first place with her husband. She particularly rejected the oldest child who was Mr. Fuller's favorite. The third girl was the baby for six years, and as such gained a certain dependency and security though her position was very precarious. Ethel, the second child, was, as she expressed it, squeezed out. As a baby she was outgoing and happy, loved by all her relatives for her responsiveness and remarkable friendliness. At the age of three, however, she was ousted by the arrival of the third girl, and very soon began to feel unwanted and unappreciated. When Ethel was nine, and her feeling of isolation well-marked, the fourth girl was born. This child had no appreciable effect on Ethel, who had by that time worked out many avenues of escape from her painful position, though it had direct bearing on the third child who was now no longer even an unwanted baby—not the baby at all. Because Mr. Fuller derived satisfaction from his wife and the oldest girl, and Mrs. Fuller stayed away from her children as much as possible, Ethel never successfully outgrew her baby needs. Her adolescence was marked by an astoundingly long series of crushes, both male and female, and she met Mr. Titus, who sought permanency in his love-satisfactions, at a time when she, at the age of eighteen and six years his junior, was still pulled hither and yon by her ever-changing ideals.

Their first years of married life were hurricaned with emotional storms. He wanted the slightest whim satisfied by his wife in order to continue his infantile security. Small ailments were magnified a thousand-fold to gain attention and draw forth solicitude. On the other hand he was able to supply none of the consideration which his wife was seeking to compensate for her early deprivations. Thus neither

one of this young pair was satisfied. Both needing parents, neither could be parent to the other.

When they had been married two years Mrs. Titus became pregnant. It was an unplanned conception, the financial status of the young family being at this time far below their standards. Real as the economic situation was, it was nothing in comparison to the emotional threat involved. Here was Mr. Titus, who had never in his life shared a "mother-person," nor had he ever outgrown the need for a parent-child relationship. What security he had in being the center of his wife's life was now entirely destroyed by the prospect of a rival for her love and attention. The man was so thoroughly upset and harassed that his punishment of Mrs. Titus took actual physical form at times, while more commonly his state of mind showed itself in withdrawal of caresses, angry words, and increased moodiness and irritability. During her confinement he avoided coming to the hospital as much as he could, spending most of his spare time with his mother, who came on the scene ostensibly to be present at the birth of her grandchild. Her companionship at this time of acute distress somewhat moderated his resentment so that when the baby and his wife returned home the surface jealousy was fairly well repressed.

Shortly after this very painful experience Mrs. Titus, realizing that she must have help in working out the problem if the family were to remain intact, came to the Bureau. Through her contacts with the worker she gained a measure of security and came to accept her as a satisfying "mother-person"—telling her of her own early experiences of emotional deprivation and accepting an interpretation of her present conduct in terms of her search for satisfaction. When this relationship had persisted for some time it became possible to help Mrs. Titus accept an identification with the worker in her point of view and in her understanding. Thus Mrs.

Titus obtained enough security to assume the "mother-role" that was essential to her husband. Now thoroughly understanding the threat which her son represented for her husband, she made every effort to reduce the rivalry situation and satisfy her husband's childish needs. Because of her identification with the worker whose aim it was to make independence a pleasurable experience, Mrs. Titus undertook to free her young son for a normal development, thus again relieving her husband of any manifest competition.

The changed relationship between the parents was evidence enough of the satisfaction Mr. Titus was able to derive from his wife in her new role. But—and at this late point we have an example of the general problem under discussion—in so far as Mr. Titus was not free from his mother and did not wish to become so, we find some symptoms still of the rivalry situation. They were of the subtler sort which only the fully informed person would interpret as signs of jealousy. For one thing there was a marked ambivalence of feeling; for example, Mr. Titus would, in a tone of utmost severity, demand instant obedience, and, when the child had yielded, would in the tenderest way kiss and praise him. Absolute conformity was one of the most satisfactory standards that Mr. Titus imposed as part of this punishment program. Every night for the past three years, since the child has been able to express himself verbally, the first question in the evening is, "How has my boy been?" Then follows a catechism of the day's events so that any misdemeanors, though already handled by the mother, are stressed a second time by the father's disapproval. Usually Mr. Titus's reaction is aggrieved disappointment followed by a short lecture. The perpetuation of this ceremony is ample proof of the satisfaction which it affords.

A more complex and difficult problem for adjustment is found sometimes in a situation where both father and mother

are essentially dependent persons, unable to find satisfaction in one another or to give or gain satisfaction in the role of "parent-persons." When a child is born to such parents whose love needs are unsatisfied, frequently we find both father and mother attaching themselves so completely to the child that he is surfeited with love and attention. Each need before it is expressed is met, each wish the parents strive to satisfy, the child holds the enviable center of the stage far from the threats of reality until such time as he must attend school. At this point he, like any other potentate, naturally expects to continue his rule. That there are thirty or more rivals for this same position is a new reality—and then the problems begin. It is not difficult to visualize the difficulties which await the parents, for they also have not faced reality either in themselves or for their child. That their behavior has a feeling value for them and serves the purpose of furnishing them with satisfactions not found elsewhere suggests the tenacity and areas of conflict which must be met before the child's problem is resolved. Louis' problem, described on page 44 as exaggerated and greatly intensified by the first child's death, had its origin in just such a situation as this. Both parents admitted that they were "foolishly fond" of the boy. Both were aware that such complete satisfaction of their needs as found in him was destructive to the forward-going development of their son. However, an intellectual understanding of the problem without a change in emotional drive affords no basis for treatment, and this case was no exception.

Occasionally one finds a variation of this response which makes for serious difficulties for all concerned. The father has had his need for mothering over-fostered by his mother, grandmother, aunt, or family nurse, to a degree which has interfered with normal emancipation from his child-parent ties. He carries this need over into marriage where he finds

it met to a slight degree in his relationship to his wife, but when his child comes he turns to her to find in her the essence of a complete love experience, that is to say, he finds in her all of the satisfactions hitherto denied in the marital experience. He nurses her, tends her, and often becomes more solicitous of her welfare than her mother. The daughter, to him, becomes the embodiment of all that he formerly experienced in his earlier dependency upon the "mother-person." The child in this situation may become the rival of the mother or the mother may merely play a passive role in which she follows the dictates of her husband and literally becomes nurse to her child under the direction of her husband. Since the mother must care for her and since she herself recognizes that her place with her husband is unimportant and impersonal except as she cares for the child, one readily sees the multiplicity of problems involved, and that if another child is born, the mother may turn to him completely as an outlet for her own pent up needs. This kind of situation is undesirable from a constructive point of view, both for the child and for the parents, and offers a very serious treatment problem; for the satisfactions experienced by the parent as well as by the child make it difficult to find more constructive satisfactions which can in any way take the place of or compensate for the intense degree of pleasure which comes from the continuance of the same destructive patterns of adaptation. It is not surprising, then, to discover that the incidence of success in such family situations is very small.

The Holmes family picture, as the Bureau found it when Dorothy came for treatment because of tics, nervousness, and poor school work, is an excellent example of a "father-daughter" attachment. Mr. Holmes' mother died when he was five. His father remarried and Mr. Holmes was extremely unhappy with his step-mother; in fact, to relieve the situation he was boarded out at eight years. The person whom he

finally substituted for his own mother was a maternal aunt with whom he lived from the age of fifteen until his marriage. Mrs. Holmes' childhood was spent with an unstable father whom she feared and a mother who, unsatisfied by her husband, had made Mrs. Holmes her favorite and the chief object of her love.

As both Mr. and Mrs. Holmes were greatly in need of "mother-persons," neither was in a position to give the other security, and the marital situation was unsatisfying to both. Not that Mr. Holmes was openly abusive or that Mrs. Holmes deliberately withheld affection. As she expressed it, he was a "faithful, stolid husband." As for Mr. Holmes he never expressed anything, but the fact that, for example, he continued to carry his mother's picture in his pocket was evidence of his unfulfilled love needs.

When Dorothy was born her father became completely absorbed in her welfare. He requested that Mrs. Holmes keep constant watch over the child; that Dorothy be kept entirely away from crowds and traffic lest an accident befall her; that her mother never reprimand her; that Mrs. Holmes give up any idea of volunteer community service which might bring infection into the home; and so on in endless stream. When Dorothy grew older he enjoyed playing and talking with her on his return from work but the moment she went to bed his responsiveness ended, his conversation ceased, and the wife sat in tense silence.

Mrs. Holmes had no friends of her own, as her husband's demands restricted her to Dorothy for company. When the worker showed her willingness and readiness to make Mrs. Holmes the center for an hour's visit, the woman poured forth a flood of intimate personal details. The most important of these were that ever since Dorothy's birth she herself had been relegated to second place; that she desperately wanted another child—to belong to her as Dorothy belonged to Mr.

Holmes; that she wanted a boy, in fact had never wanted a girl—who, of course, would be only a rival to this deprived woman; that she found herself at times irritated and upset by Dorothy's nervous mannerisms; and most depriving of all, that Mr. Holmes refused to have another child because Dorothy would then be neglected. So overwhelming was the strength of Mr. Holmes' attachment to his young daughter that he was threatened by the very thought of the future. Already fearing the emancipation which comes at adolescence —particularly the usurpation of his place by her young men friends—he thus early proclaimed that he would always chaperon Dorothy outside the home and never allow her to be alone with her company within it.

It is worth while in this instance to summarize the treatment procedure in order to show concretely how difficult it is to effect changes in a situation so completely satisfying to the principals as this one was. When people are unhappy through deprivations there is a real chance that in treatment one can supply their needs constructively. In the reverse situation one must actually deny to them their present satisfactions while attempting to substitute something more socialized and adult in its nature. The inevitable response to such treatment is a protection of the pleasurable experiences, never a readiness to give them up for the unknown satisfactions of maturity.

Early in treatment procedure the mother showed some slight response to the Bureau's suggestions that it would be better not to protect Dorothy so entirely. As the mother was the person on the outside, so to speak, the one who was suffering from this close relationship which shut her out, it was natural that she could consent to freeing the child. She would be only too willing to cut the tie in the hope that some of the father's love would be turned in her direction. Even here, however, she was hampered seriously by the fact that

the father would be disturbed and angered if she in any way decreased her constant vigilance over their daughter. The mother's attempts to free the child would actually serve to make the father turn to Dorothy even more protectively to make up for what he would term the mother's neglect or heartlessness. Consequently Mrs. Holmes dared use only half-measures. Dorothy was allowed to join a dancing class but she must have the best. This meant joining a group far beyond the financial and social standing of the Holmes family so that the class, though Dorothy enjoyed it, was a potentially unhealthy experience. The time would soon come when these children, their parents and their governesses, would pass her by. In another instance Mrs. Holmes sent Dorothy alone on errands but this had to be concealed from Mr. Holmes who was always fear-stricken at the thought of Dorothy on the street alone. Again the constructive satisfaction which the child actually obtained from doing these small chores was rendered destructive because it necessitated deceit and a split of loyalties.

At one time, somewhat later, Dorothy wrote a letter to the stork—neither parent could face telling her the truth—asking for a baby brother. Mr. Holmes discouraged her, explaining directly to the child herself the neglect which would ensue. Again, a potentially healthy experience was turned into an unhealthy one. When Mr. Holmes discovered that the Bureau actually approved of Dorothy's having a brother he first argued in terms of financial stress and then flatly announced his lack of interest in the Bureau's viewpoint.

When going to and from school alone was urged as a growth-producing experience, Mrs. Holmes went so far as occasionally to substitute a neighbor for herself. The rest of the time she continued to be Dorothy's escort.

Twelve months of attempts to shift the parental problems to a more potentially healthy basis brought no really con-

structive response and where the father was concerned he was distinctly antagonistic and rejected each suggestion without a willingness to get at the fundamental cause which perpetuated these problems so that little could be accomplished.

PROBLEMS IN THE BROKEN HOME

This list of problems is far from complete but will serve to indicate some of the many ramifications of parental patterns found in work with children even when the family group is intact. Still more complex are the problems found in families where the parental group tie is broken. Even temporary breaks of a few months increase the area of tension in the atmosphere of the child's life and in the cases where chronic invalidism, acute neurotic or psychotic disturbances, prison sentences, etc., exist the problems for the child become more highly charged with destructive qualities.

For years past workers in the child welfare field have emphasized the destructiveness for the child of the broken home. The severing of ties, the loss of balance in the family group, whether through loss of the father or the mother, calls for difficult adjustments in the child's life. The implications of a situation of this kind are many fold. Not only must the child re-adapt himself to the loss but should he lose the parent who has been most interested in him and the less interested parent remain, the possibilities of unsatisfying and destructive experiences are sure to exist. If, however, the devoted parent remains, or if the remaining parent, because of his or her loss, turns towards the child as a solace, then the over-fostering and excessive emotional over-emphasis can easily be pictured. Such a completely satisfying experience, in which the child is unchallenged and without a rival, is certain to prove destructive to him in that it interferes with a more mature development. Many of us have known sons of widowed mothers who prolonged this relationship without

much consideration of plans for a life of their own; or we have known of some girl who in her early adolescence lost her mother or father and consecrated her life to the care of the loved parent who remained. While this is a highly satisfactory experience in many cases to both parent and child, it is hard to see the complete constructiveness of it, and one wonders whether if the child were more mature and independent, a much more satisfactory and constructive solution could not be found which would meet the needs of the bereft parent and at the same time give the young adult the opportunity for a more normal life experience.

It may be of value here to consider an instance in which such uninterrupted consecration finally produced in the third generation a problem for the Bureau.

Mr. and Mrs. Newton (the maternal grandparents of the future problem child) were an unhappily mated pair. They were both of good stock, American born for generations back, well-educated and stamped with the hallmark of traditional culture. Mr. Newton was a heavy drinker and interested in other women. It is not known whether or not these unconventional habits were manifest before marriage, but we do know that Mrs. Newton, though likable and popular, was an extremely hot-tempered woman whose excitability and irritability could have deprived her husband sufficiently to drive him elsewhere for satisfaction. Or the situation may have been reversed, with her behavior a response to her disappointment in him. Suffice it to say that the marital situation became so unbearable that even in those days, when it was considered a lasting disgrace, this couple obtained a divorce. Florence Newton, their only child, was then a baby of nineteen months. She inevitably became the center of Mrs. Newton's life. Their devotion to each other was great and persisted until Mrs. Newton's death four years after Florence's marriage to Harold Putney. The story of this

marriage is the first important indication that the mother-daughter tie was thoroughly destructive to the emotional development of the daughter, albeit thoroughly satisfying to both women. For Mrs. Putney the purpose of her marriage was to bear a daughter so that she might perpetuate the dependency situation which was so pleasurable in her own life. In that way she would be able to identify herself at times with her baby, at times with her own mother; in either instance she would be living a dependent role, for it was Mrs. Newton's immaturity which fostered the tie to Florence in the first place. For eight years after her marriage Mrs. Putney, though feeling socially superior to her husband and intellectually incompatible, nevertheless experienced a certain satisfaction in the hope that she would eventually have a daughter. Shortly after her mother's death, a boy was born who died in infancy. Several years later there was a miscarriage. Still later a third pregnancy culminated in the birth of Edward, who eventually was brought to the Bureau for study and help.

During this last pregnancy Mrs. Putney intensely desired to bear a girl. She was nearing forty, there was little chance for further childbearing, and she greatly needed a daughter to supply the love satisfactions which had been missing since her mother's death five years before. Her disappointment when Edward was born was acute but she valiantly attempted to make redress for her unenthusiastic reception of him until she felt she was "giving her son all the love she would have given a girl." As is the rule in such cases her solicitude and protectiveness were exaggerated in proportion as her remorse was distressing to her peace of mind. Edward's many childhood illnesses were signals for increased watchfulness; the attention and indulgences he received on the basis of physical disability further increased his dependency so that when he was pushed into the world through his school contacts he was

utterly unable to fight his own battles. Just at this time his mother became aware of his peculiarly pink and white skin. She did not, of course, interpret it as the thymic dysfunction that it was, but linking it at once with his submissiveness and fear, she conceived the idea that she had "marked him with effeminate characteristics" by her longing for a daughter during pregnancy. With this added to her guilt in not wanting a boy, she grew almost pathological in her efforts to compensate for the wrongs she had done him. It was with this emotional burden that she came to the Bureau hoping, in spite of herself, to make a man of him.

The importance of gaining insight into such parental problems as have been mentioned is best appreciated when one remembers that in the first few years of the child's experience he is a totally dependent individual whose life is largely controlled from without by the parents and parent surrogates who give him care and supervision.

Chapter III

THE CONTENT OF CHILD GUIDANCE: CHILD AND PARENT

THE child, as we find him at six or seven when he first enters school, brings to this new and broader experience a personality development and patterns of behavior which are the product of his growth within the home. One might, at this point, describe the child as a symptom-complex of his parental handling. If we recall some of the many parental patterns mentioned in the preceding chapter we see how easy it is for the feeling needs to complicate parental attitudes and parental methods of handling in the daily routine of child care.

Certain it is that if parents are to be assisted in a more intelligent handling of their relationships with their children, there is need for a more complete orientation of values in the child's emotional or feeling experience. To accomplish this more complete understanding, it is helpful to divide these experiences into two broad groupings, namely, the growth patterns of the love and ego trends.

Many readers are familiar with the discussion of the love and ego instinctive trends available in the literature of the new psychology There is, therefore, no point in entering into a lengthy definition of their meaning. It may, however, be worth while to state that in the use of the expression "love trends" we mean love experience in its broadest sense, from the self-centered love of the child through all the levels of love relationships in life, including love for the mate and love of the parent for the child. The child's first love experience comes from the parents and parent-surrogates who

share the responsibility for his care. Gradually the horizon widens. Other persons contribute love values until at length not only close relatives but many people outside the family group expose the child to attitudes and actions which, whether satisfying or unsatisfying, are always tinged with emotion. All childhood experiences which come through the medium of personal relationships are ipso facto identified with the emotional reactions which the person in question bears toward the child. Inter-acting with the love values are those which arise from his inner development. The individual, when offered the opportunity for normal growth, changes his emotional responses to people, things, and environmental conditions in accordance with the distance he has traveled on the road from immaturity to maturity. At the one end we have noted the complete dependence which is the expression of the infantile love needs; at the other the independence which comes from emotional emancipation and the ability to stand firmly on one's own feet.

In our use of the term "ego needs" is implied the self-protective, self-maximating tendencies so often described under the caption of the self-preservative instinct. To a large extent the child's self-estimation is influenced by the opinion which others have of him, and by their methods of handling him. His intellectual capacities, or lack of them; his physical health, good or ill; the economic status of the family in as much as it makes him like or unlike his fellows; his popularity with his contemporaries; the attention which he receives through outstanding characteristics—all these experiences and a thousand others affect his self-realization, give him his place in the sun, develop his entity.

Therefore, when we say that each experience, whether intellectual, physical, or social, has its feeling-tone, we imply that there are elements of both ego and love value present whether the child is conscious of them or not. If we are to work out

a plan for treatment or emphasize the value of prevention it is necessary for the worker to become aware of just what constitutes the child's experience, not only what has happened to him but what feeling-value it has had for him. Experiences in themselves have no motive force to mould conduct; it is through the feeling-tone which accompanies the experience that personalities and behavior patterns are formed. This is clear enough when we see people reacting quite differently to similar situations. Evidently it is the meaning that an experience has for the individual in question which creates its real importance; not the value which an onlooker imagines it should have. What this true value is, is best judged by the reaction of the experiencing person himself. The value may be predominantly on the love side or the ego side, or it may contain large elements from both at the same time. It may be satisfying or unsatisfying, it may be constructive or destructive. But exactly what it is can be determined only by the person's response to the experience. He values the experience through feeling-tones. The world is aware of its value for him through his personality trends and his manifest conduct: e.g., the fact that Billy brought two dollars to his teacher for Red Cross Relief, and John twenty-five cents has no meaning as an isolated circumstance. When associated with John's stealing five dollars from home later on that same day and offering three to a now suspicious teacher, we become aware that Billy's display of wealth was extremely unsatisfying to John; that John resented anyone's being more favored in the teacher's eyes than he; that the reason for this resentment was John's insecurity with his mother at home so that he had to obtain most of his satisfactions from a mother-substitute person in the classroom, and was, therefore, unable to accept such a threat to his supremacy with an "I don't care." The teacher, unknown to herself, was acting as mother-surrogate, and the possibility

of some one else's taking his place in her affections motivated John's attempt to reinstate himself. The other children in the class, none of whom had contributed so generously as Billy, showed no reaction to the situation because John's need to possess the teacher solely found no counterpart in their emotional lives.

Similarly, all behavior patterns or isolated conduct reactions are related to the feeling-tones which are component parts of every experience, and we cannot identify the purposiveness of behavior without first knowing something of the individual and his experiences.

We know that each child at birth possesses a dynamic impulse to grow up. We know that physical disease, nutritional difficulties, functional disorders, injuries, and the like, interfere with or interrupt the normal physical growth processes. But, still more important for the future health of the child, it is necessary to know what feeling-values and emotional trends are being established or fostered by the parent and by the child himself in response to these experiences.

EMOTIONAL PROBLEMS INVOLVED IN ILLNESS

Much could be said of the many emotional problems which arise as a direct result of illness. If parents could recognize the destructiveness of their over-anxiety, if it were possible to measure just what the constant worry and persistent fussing over him does to the child's own emotional values, if one could see immediately the destructive results of prolonged coddling during convalescence, more effort would be made by parents and nurses to preserve the emotional as well as the physical integrity of the child. A boy of fourteen, William Garson, came to the Bureau on the advice of his visiting teacher because he was failing in eighth grade work. Psychological measurements proved that his school difficulties were not the result of mental retardation, for his intelligence

quotient was one hundred twenty-two and there were no special disabilities to account for the failure. The significant factors lay in the social-emotional background—the familial attitudes and their direct effect upon the boy. The salient facts were that William had been born into a home which was in atmosphere more like a hospital. His father was desperately ill with an incurable disease, and death, though uncertain, was always in the offing. The anxiety and centralization of interest upon health issues did not decrease with Mr. Garson's death. Rather it increased, for Mrs. Garson was so bereft that she clung desperately to her children, and read the slightest symptom as a threat to their very lives. Thus it came about that William, as the baby and most dependent member of the family, felt the strength of Mrs. Garson's protectiveness more than any of the others. It was on the basis of his illnesses that his dependency was so prolonged. Measles four times, whooping-cough, tonsilitis, an endless succession of colds and coughs, and at least five accidents involving serious cuts or broken bones—Mrs. Garson used all of these to perpetuate a baby relationship between herself and her son. By the time he reached the Bureau he was, in spite of his age, almost as helpless as the day he was born. He remembered nothing for himself because his mother remembered everything for him. He wriggled out of all school responsibilities trying to get by with the authorities as he did at home. Hard work was a red flag and he developed all sorts of symptoms to avoid it, even though through the avoidance he met with failure in intellectual achievement. This merely indicates that William's social development was so astonishingly immature that he, as the very young child does, derived practically all of his satisfactions from remaining dependent, whereas the child progressing towards maturity shifts more and more of his satisfactions to the ego level of self-achievement.

The physical examination at the Bureau revealed evidences

of infected tonsils, slight headache, a mild visual defect, and the entire absence of secondary sex characteristics. Under ordinary circumstances the physician would have carried through treatment for the physical condition parallel with treatment for the personality problem. Since, however, physical issues were capitalized and had for years been capitalized to foster an emotional dependency, any attention in the early days of treatment on the part of the Bureau staff to William's health would have played directly into his old-time emotional problems. Such a complete identification of the Bureau with his mother would no doubt have been entirely satisfying to him and just as entirely destructive to our purpose. The emotional situation was therefore the first to be attacked and partially modified before the physical problems were treated, for had we placed the emphasis on the physical first, both mother and boy would have been prone to use this as an excuse for continuing the attitudes which were so largely responsible for the boy's unadjustment.

THE CHILD'S EXPERIENCES AND THEIR VALUES TO HIM

Since we know that every experience has its feeling-value it is important for parents to gain an appreciation of the different kinds of values which become a part of each facet of the child's relationship with them. As we look into the varied contacts of each day's experiences, we cannot fail to note that in the feeling-tones of these experiences are contained values relatively more satisfying or unsatisfying for the child. Since we know that the natural tendency is to repeat for pleasure, it is easy to see that in a program of an ideal sort the emphasis should be placed upon the satisfying constructive experiences. Thus, through the satisfactions gained the child is prone to meet the next experience of like kind with pleasurable anticipation and through the frequent repetition of these desired and constructive patterns healthy

habits of response are built which in turn form the structure of a personality development of a stable, progressive kind.

In analyzing the experiences of any individual, however, we fall upon some which do not belong in the category of constructive satisfactions, i.e., growth-producing satisfactions. There are, for example, many experiences which, though most satisfying, are at the same time destructive, i.e., growth-preventing. In such a case the individual by repeating for pleasure makes no forward step on the road to maturity, however fully his emotional and ego needs are satisfied. Children who experience a predominance of constructive satisfactions need not come to clinics for personality re-education, but clinic records are weighted heavily with those who enjoy a permanent babyhood through the medium of destructive satisfactions. Such are Louis Foster, William Garson, Milton Titus, and Dorothy Holmes, mentioned on earlier pages.

Just as some children become personality problems because of prolonged infantile satisfactions, so others find it impossible to adjust to the world because of an overwhelming lack of any satisfactions. This is always destructive, because growth to maturity implies the fulfillment of human love needs and ego needs which furnish the security essential to successful living. Any other process of adjustment suggests an attempt to set up a superstructure without first building a foundation. Among the examples of individuals thus deprived of normal satisfactions are Anna Boone, Mrs. Thompson, and Mrs. Titus, described in the foregoing pages.

There is yet a fourth set of values which may be attached to a given experience. It is possible that the child has to encounter something which is distinctly unsatisfying, even acutely painful. Nevertheless, the way may be so prepared for him by the wise handling and understanding of his parents that in spite of its unsatisfying nature the experience is faced, accepted, and thus becomes a constructive force in his

social development. It is evident that the color and tone of the child's pleasure and satisfactions are largely furnished by the parental attitudes and methods of meeting the situations in which he is involved. Therefore, in the handling of the child, even in the most simple acts of the daily routine, giving him the sense of security and the satisfactions of the parents' approval can do much to help him in meeting disagreeable and painful experiences in a constructive way. For example, if a child is ill and a throat or ear examination must be made, it is important that he submit to the contact with the doctor. This should be staged so that a minimum of dissatisfaction and a maximum of security are involved. There are many constructive ways in which this can be accomplished, if thought, planning, and imagination are brought to bear on the problem by the grown-ups concerned. The modern baby doctor or dentist spends much time in getting acquainted with and becoming a good "parent play-fellow" to the child before he exposes him to the threat of his examination. Once a positive and friendly contact is established it takes little to perpetuate it and the child who faces the painful irritations of physical discomfort with a sense of security and trust in the grown-up, suffers much less painfully than the child who has no sense of security because he finds himself in the hands of individuals who not only threaten him by inducing pain but who are also identified by him as strangers, aliens, and people to be feared.

MAKING THE WEANING PROCESS CONSTRUCTIVE

As in the case of illness, so at each new angle of the child's growth and development it is possible for the parent to plan and actually to put into practice methods of handling situations which will tend to place the emphasis on the constructive side of development. A few illustrations will suggest how this can be done.

Since nursing is a universal experience and is frequently

mishandled, there may be value in noting some of the angles that must be considered. If we look upon nursing not only as a feeding process but as a feeling process as well, we know that nursing from the mother's breast is the most complete and satisfying experience which can come to the child, provided the breast has an ample supply of milk, a normal nipple structure, etc. We recognize that the child eventually must be brought to the place where he is ready to wean himself and meet the next step in his growing-up experience. We know also that many things may happen to precipitate the need for this adjustment. Through illness or loss of milk the mother may no longer be able to supply him with the necessary food. It is therefore important to establish from the very first a preparation for his acceptance of this next step in his education, and hence it is important to accustom him to the use of the bottle at a very early age. Because it requires less effort, parents and doctors try to meet this need by introducing the bottle within the first few weeks, but instead of bothering to supply a milk formula they frequently merely give him water by the bottle method. Those who have observed the feeding of babies know that milk is more acceptable, in other words, more pleasurable than water. Why then should the less satisfying experience of water-feeding be the first introduction of the child to the bottle, especially if within two or three months his whole food supply may suddenly have to come through this medium? We recognize also that the next step after the bottle must be the use of the spoon and the cup. Our task then is to introduce these to him with the elements of satisfaction and pleasure which make for a more ready acceptance of them. Since orange juice is universally supplied after the first few weeks, to the intelligent mother or nurse it should suggest itself as the next aid in the weaning process. Even at the expense of more laundry and more time if the orange juice is served by spoon

instead of by bottle the baby soon associates the pleasurable value with the spoon and as early as three or four months he can gain his first pleasurable contact with the cup in getting the last few drops from it. By the time he is ready to leave the baby pattern of breast or bottle nursing, his whole education in feeding has been accomplished with a maximum of plus values and his adjustment to giving up of the breast or bottle is accomplished without deprivation. In other words, satisfying constructive values predominate and no unsatisfying elements are involved.

How are we able to determine the value of this procedure? First, children so handled practically never have feeding upsets or emotional set-backs at the time of weaning. Instead of having the weaning imposed upon them they have weaned themselves. Among these children it is a rare exception to find thumb suckers, tongue suckers, etc. It is also rare to find food fads and the many other symptomatic evidences that are so prevalent among children who are unsatisfied and who find themselves threatened by a new routine of unsatisfying unpleasurable experiences such as come from a precipitate loss of the breast or of the bottle.

Other angles of the child's early experiences in which the mother can assure herself and the child a fine kind of constructive building up of habits and character formation might be enlarged upon. Time was when weaning was a word applied only to the change from nipple to cup but in our present-day terminology the concept has broadened tremendously. We now speak of a weaning process in connection with any experience which involves more independence, more self-control, greater acceptance of social law, and a growing acceptance of mature responsibility. Every experience, then, which carries with it the problem of giving up some infantile pleasure must be met, since it is possibly unsatisfying, in as constructive and pleasure-giving a manner as the parents can

devise. It is, for example, more pleasurable to the infant to have his own way in matters of sleeping habits than to conform to a well-organized program in which he sleeps and wakes at regular intervals. It is better, however, for his physical and social development that he encounter from the beginning the simple restrictions that he must eventually recognize; there is no wisdom in fostering habits of irregularity, of being rocked, of having lights in the room, etc., which will give satisfaction certainly but which must all be given up, and none of which need ever be formed. Security, i.e., satisfaction, comes with a regular régime because it indicates the dependability and stability of the child's milieu. Why permit the less healthy satisfaction which obtains when the child's whims are gratified without due regard for his own real good or reasonable consideration for others? If, during his waking period, the child is loved, petted, properly cleaned and fed, he will experience enough satisfaction on a constructive basis not to resist the return to his crib and the immediate withdrawal of attentive adults.

Another most important weaning process is the teaching of sphincter and bladder control. It is easy to see that complete irresponsibility in the matter permits of the maximum dependence and is consequently very pleasurable to the infant. Individual and social comfort demands, however, that the child be trained to accept responsibility and exercise self-control. Soiling and wetting are followed by certain pleasurable ministrations—the attention of the adult, the caressing and touching, the soothing experience of being dried and cleaned and made comfortable again. Since self-control is not followed by such satisfactions but on the contrary by cessation of them, it is obvious that some other pleasurable experiences are needed to fill the gap, thus making the new habit acceptable, but these pleasurable experiences should be on a constructive level. Plainly the mother-person must still

be the source of the satisfaction, but now the baby's pleasure is derived from the mother's approval, joy, and enthusiasm expressed in her words, attitudes, and actions when the child has exercised control. Long before the child has an intellectual understanding of the approval he learns that it follows certain habits of self-restraint. In order then to receive that approval and attention he must continue his newly organized pattern of behavior. We see from this how closely the child's growth, socially speaking, is bound up with his affectional experiences and love satisfactions. The next step in this process comes, of course, when he himself takes pride in his cleanliness, but this childish *ego* satisfaction follows the primary *love* values which come originally from the mother. In addition to the expressed approval of the mother when the child conforms to the new standard, there must be absolute unemotionality when he regresses. Punishment by or the anger of the loved parent is an even greater deprivation than learning sphincter control. Disciplinary measures, therefore, serve to increase the need for love and attention and in so doing make it less possible for the child to assume the grown-up habit. The wisest procedure is to ignore lapses and praise success.

Following upon these weaning experiences there comes still another. The child must learn to give up complete dependence upon the adult in matters of dressing and bathing, and take these responsibilities himself. No one who has observed the dawdling and protestations of some youngster can doubt the value that the adult's attention and assistance have for him. While the child is unable to fend for himself he is the center of the adult's interest. He is quick to realize that self-help deprives him of that exclusive position, and thus arises the resistance to learning how stockings go on, shoes are laced, and buttons are fastened. The most constructive as well as satisfying policy is again to make an early start

so that very little has to be given up at any one time. Precipitation into situations for which one has no preparation is trying even to an adult's integration and is always to be avoided in the handling of children.

Probably the first definite step in this particular weaning is taken when the child learns, as part of a game in which the mother shows great enjoyment, to extend his arms and legs at the proper moments for stockings, shoes, drawers, mittens, sleeves, and what not. In this active cooperation which is quite different from passive non-resistance lies an essentially more grown-up satisfaction. In the same way the mother who plays peek-a-boo while she washes the baby's face prepares for the time when the child takes the wash-cloth to imitate her in this intriguing game.

Praise, enthusiasm, and frank expression of approval at the child's grown-up-ness must be generously substituted for actual assistance once the child learns to pull on his stockings, then to put on his shoes, then to lace them, and so on. It is important through all of this, of course, that the child's security within his family group remain unshaken. Although he is expected to be grown-up in habits of sleeping, eating, dressing, and going to school, he needs for a long time to feel the continued interest and sympathy of his parents. The final weaning process, emotionally speaking, which is typified in the adolescent struggle, depends fundamentally for its success upon the constructive nature of the weaning processes which precede it.

Needless to say, children who have the privilege of this kind of experience are much more adequately prepared for all the other problems that life holds for them, not only because good habits are established early but because the feeling-values which are a part of these early years are predominantly satisfying and pleasurable. This insures the possibility of a continuation of these patterns, for, as we have

noted, there is a normal tendency for the child to seek repetition of the experiences which hold plus values for him.

While this phase of the child's adjustment to reality is constructive there is one angle of this period of growth which is in some respects even more important, namely that the child who has been guided so consistently and so healthfully by the parents finds in that very "child-parent" relationship the essence of security and satisfaction which is the most constructive force in his whole relationship with life. The child who can retain his security with his parents and yet at the same time can develop independence and self-security is the child who is equipped to meet the threats of reality wherever he finds them.

In this statement is contained the essence of the strongest socializing experience parents can offer their children. Contrary to the mis-interpretations of some who conclude that mental hygienists, in emphasizing the responsibility of the adult, tend to shield the child from valuable encounters with the realities of life, their real purpose is to prepare the child to meet those unsatisfying situations, which are inevitable in everyone's experience, with the minimum of pain to himself and the least discomfort to others. In other words, parents and their surrogates—in the home, in school, in club contacts —must not protect their charges from every negative experience. That will not provide them with any security within themselves when outside protection is withdrawn, as it eventually must be. The adults can meet this problem first by eliminating entirely from the child's experience those situations which it would be too great a threat for him to meet at his stage of development, secondly, by a program of preparation which embraces all the weaning processes in the general manner outlined above, and thirdly, by allowing the child to feel that he has the adult's backing and interest in the outcome at those times when he encounters a new and therefore threatening experience.

A choice between continued dependence and a step toward independence implies that the child tends to pull in two directions at once. There is the tendency to repeat for pleasure which in certain instances prolongs dependency, and that other tendency inherent in every individual, to progress and develop toward social maturity, which is the more difficult to follow because it involves the new and the strange. Such conflict is essential to growth. There can be no development without conflict. When conflict is involved, an inherently negative value is implied in one of the objects of choice, but it is possible to make of it a *constructive* unsatisfying experience. The final direction of choice must be toward the progressive, the more mature reaction, and such choice is determined in greatest part by the role of the parents in the child's emotional experiences.

THE FATHER'S ROLE IN CHILD-RAISING

While the importance of the father in this early period is implied it is necessary to emphasize it more specifically, for frequently fathers look upon this early period of the child's dependency as the mother's job.

One recognizes that in the first few years of the child's life his world is made up of his home and its members. The father then is as important as the mother. His relationship with the child should be on essentially the same basis as the mother's. The child should identify his father as the friendly-loving parent with whom he is as secure and happy as with the mother. This obviates all question of loyalties. Unless the child is secure with both parents his deepest positive feeling is extended to the one who gives him the most satisfaction. If then the love which goes out to one parent is paralleled by a fear of or resentment toward the other the child may interpret his own reactions in terms of right and wrong and suffer thereby a destructive sense of wrong-doing.

Again, the child who from earliest infancy learns to know both parents, is equipped to meet people of both sexes outside the family group with the same feeling of security that accompanies his family relationships. The importance of this can hardly be over-emphasized, realizing as we do that all our later adjustments are closely related to childhood experiences and to our ways of meeting these experiences. The bringing-up of children must be a joint responsibility in which both parents are inextricably associated with all kinds of experiences. Then if the child's difficulties are met wisely —that is to say with a minimum of destructive experiences, a maximum of satisfying constructive ones, and occasional unsatisfying experiences used constructively in the growth toward maturity—each parent will then be identified with an aggregate of experiences in which the plus values predominate.

This implies then that when issues calling for control and discipline arise each parent should assume the responsibility of meeting them with the child and working out a constructive solution, instead of permitting the father to assume the role of the strict authoritative parent while the mother plays the role of the loving protector, an arrangement too commonly found. It is not necessary to do more than mention the value of consistency of discipline and uniformity of control; obviously it becomes destructive when one parent pets and the other punishes, or when the child is able to distinguish between the easy-going methods of one parent and the strict discipline of the other.

As the child naturally turns to satisfying experiences regardless of their destructive or constructive elements, he plays directly into the hands of the indulgent parent. Contacts with the other parent are frequently avoided to insure the maximum satisfaction. When parents are diametrically opposed in matters of discipline there is usually a strong emotional component in both the leniency and the severity

which prevents either parent from handling the child with wise objectivity. In other words, leniency may represent an attempt of the one parent to solve certain of his or her own emotional problems, while severity may indicate similar needs on the part of the other. Therefore, each parent's handling is a threat to the security of the other; the leniency of the one therefore calls forth increased severity from the other and vice versa. In such a situation the parents must resolve some of their own problems in order that the lenient one may adopt some constructive attitudes toward growth-producing experiences, and the severe one a constructive attitude toward the temporary dependence of the young and undeveloped child.

The father who makes a place for himself in the family group and with whom the child establishes a plus relationship offers his child many other constructive contributions. Among the most important of these is the security he furnishes if the mother becomes ill or in the case of the birth of another child. Both of these situations deprive the child of his greatest source of security. While the mother is temporarily withdrawn as the bestower of satisfactions, the child should find in the father relationship the opportunity for retaining the stability of his world. Clearly, however, unless the father is from the first identified with the mother as a loving, understanding person, it will be extremely difficult for the child to accept the substitution and be satisfied with it.

In terms of the child's future development as well as of his childhood security, this early positive contact with the father is again of paramount importance. Whether the child is a girl or a boy the "father-person" stands as a very definite factor in his or her growth toward maturity, different though the values are for each sex. The same is true of the "mother-person." Again, the values of the parent-relationship vary not only with the sex of the child but also with each stage of social development which the individual child attains.

Thus a girl baby and a boy baby are at the start most concerned with themselves, the only universe they are aware of. Everything and everybody seem part of themselves, there is no separateness. Experiences pour in upon them, they are the centers of existence. They are largely occupied with the business of survival and all their experiences for a time foster the egocentricity of their lives. Soon after birth there occur times when wants are not satisfied unless they are in some way made known; sometimes the satisfaction is delayed. These experiences indicate that there are other wills and desires than their own—something that is not I, that is apart, that is important, that has power both to give and to withhold.

These potent forces which the baby eventually distinguishes as coming from outside himself issue from the mother or from any person who duplicates her services and attitudes in the care of the child. These people all stand in the parent-role. Capable of loving, protecting, restricting, guiding, they are relatively omnipotent in the life of the dependent child. Whether man or woman—and it has already been indicated that for the child most wisely handled the father will be a very satisfying parent sharing in the baby's life from the beginning—the role is essentially the same, that of being a protective parent on whom the child can depend for a stable existence. Gradually there emerges a distinction between mother and father, men and women, and at this point the parent-values diverge in accordance with the sex of the child.

For perhaps the first six or seven years of life the girl and boy are most closely attached to the "mother-person." She is the object of the greater part of their love. For the girl the next step toward emotional maturity involves a gradual identification with the mother in her grown-up-ness, her assumption of responsibility, the development of feminine tastes and interests and, most important, the direction of her love toward the father as a man. From him the girl

draws a picture not only of what a father should be to his children but of what a husband is in relation to his wife as she is permitted to observe his attitudes towards her mother.

Once the father becomes the object of his daughter's affection true progress lies outside the family circle. Eventually larger settings, with less and less resemblance to the close family picture, must take the place of the first security-giving group. The girl in going outside the home for her first important contacts finds the transition easier if she makes persons most like herself, i.e., other girls and women, the center of interest. Thus we have the period of clubs and sororities marking an attempt to give up the home as the prime source of security. Once this is accomplished the transfer of interest and love to persons outside the family group and unlike herself, i.e., to boys and young men, signifies that the final change from dependence to emotional independence has been achieved. During this long and at times painful process of growth the girl who first sees her mother as the highest embodiment of womanhood, adds to and changes her ideal. As she meets other women she may for a time look upon them as possible "mother-persons," but with constructive handling she may incorporate within herself the traits she so highly esteems in others. Thus she gains satisfaction from her own personality, a more mature reaction than when she finds her security in her dependence upon others as her ideals. Similarly, whereas her father is her first ideal of manhood, acquaintance with other men makes possible an ideal of the man as mate and companion. This is perhaps best put in reverse order: the ultimate aim of growth implies that the girl in adulthood shall be emotionally able to assume the role of motherhood and that in her attitude toward her husband there shall no longer be anything of the "child-person," but her relationship shall be built on a mature mate basis.

The boy must progress from a stage of dependence upon the mother to the point where he can share with a woman the responsibility of parenthood. At approximately the same time that the girl's interest shifts from her mother to her father the boy too undergoes a transition period in which his father takes the pivotal position. In order that the boy may develop manliness, initiative, and a sense of social obligation some one who has already achieved a degree of maturity must set the pattern for him to follow. This person is the father or father-surrogate with whom the boy attempts to identify himself in all his attitudes and tastes and many of his mannerisms. It is during this period which develops into adolescence that the boy's relationship with his mother undergoes an important change. If the boy's identification with the father is thoroughly effected then his attitudes toward the mother will lose its aspect of dependency and gain in responsibility and the kind of protectiveness that his father shows toward her. In other words, the "mother-person," as she ceases to be solely some one upon whom the boy can depend, furnishes him a basic concept of what is good and desirable in womanhood. As the woman his father has chosen, she becomes the boy's ideal of a mate through the normal identification of the boy with the father.

As in the case of the girl, the center of interest must now shift from the family group in order that the growing boy may emancipate himself from his childish attachments. Thus the next important developmental experience is the boy's intense interest in those like himself but outside the home circle. Boys in clubs or in gangs, according as healthy outlets are or are not provided, and the older men whom he meets as instructors or club leaders or family friends, become the chief objects of the boy's concern. He is building up a security outside his home which will eventually allow him to take his place in the larger world. He is acquainting himself

with his contemporaries as a forerunner of the later competition which he will meet socially and economically. At the same time he is finding in an identification with all these other struggling youths a feeling of support which enables him to work through to independence. He is in great need during this period of being wisely handled and understood. The older men and boys who are adding to his ideals of manhood must realize that what begins as hero-worship should culminate in self-development. The security which first comes from the ability to rely on others must in the end result from having developed reliable, dependable traits in oneself.

This is for a time an all-absorbing task, but gives way at length to a final re-adjustment in which girls occupy the central position. No hard and fast line marks the boys' maturity, for he lives next through a period of continuous through gradual change in which his own needs and ideals vary as he progresses and in which, therefore, his choice of girls keeps pace with his growing maturity.

Persistent growth and progress, as sketched above, are inherent possibilities which can take place only in the proper milieu. That the role of the parents carries immeasurable weight is self-evident. How can the girl identify herself with her mother and attach her affections to her father if that mother, insecure and fearful, needs to keep her husband entirely to herself? How can the boy learn manliness from his father if that father is so in need of a mother-wife that he pushes his own son from him in the rivalry situation with the boy's mother? How can young boys and girls free themselves from family dependency unless the parents encourage and approve all movements in the outward direction? Much harm is often done by constant criticism of the child's friends and social activities in a quite unconscious though purposeful attempt to prolong the dependency situation.

THE ROLE OF THE OTHER CHILDREN

Up to this point the parental influence has been given priority over all other personal relationships. The family pattern of experience would not be complete without mention of the part which is played by the other children in the group. If one is interested in evaluating the experiences of the child in terms of constructive and destructive values one sees immediately the importance of preparing him for the coming of the next child, in order to give to this new social experience as many satisfying and constructive elements as possible. Two things must be borne in mind: first, that the child's security with the parents must not be shaken and second, that the new child should not be imposed in the situation as a rival. With this in mind it is not difficult to see the unsatisfying destructive value of the old-time jest "Your nose is out of joint." If the child is prepared by the parents and has enough security with them, he can easily be led to feel that this new baby which is coming to live with him will belong to him as well as to his mother and father. Thus he comes to conceive himself as sharing the baby with the mother in a joint ownership experience, in other words, he should not be faced with the threat of having to share his mother with the baby, he should be prepared rather to share the baby with her. This implies that all the emphasis, in the months of preparation, must be placed on helping the child to identify himself with his parents in his relation to the coming baby. They are all going to take care of and love the new baby, the older child is going to be such a help in doing this, that, or the other for the little sister or brother.

A tremendous amount of trouble can be avoided by not talking in definite terms of sex, but by manifesting an acceptance of the new baby whether it be boy or girl. Success in doing this will depend, as all such things do, on the adjust-

ment of the parents and their need to have either a boy or girl to solve their own problems. It is obvious enough in many instances that the older child adjusts more easily to a baby of the opposite sex, as the rivalry between the two is less pronounced; but since the chances are even that the new child will be of the same sex, it is wiser and kinder to talk of both possibilities. It is perhaps unnecessary to state that no child is too young for such preparation. Even when the older child needs almost as much care as the baby who is to come, the constant talk and the parental attitude of all sharing the new baby makes the situation less threatening.

Care must be taken that the older child realizes as fully as possible that the new baby needs much care and attention from everyone, and that it cannot function immediately as a playmate. Else the older child will underestimate to a dangerous degree the obligation to be independent which the birth of a new baby imposes upon him. If the older child is given a strong feeling of his importance in the matter the readjustment will be made gradually and the actual birth of the baby will hold very little that is unsatisfying on a destructive level. Five or six months preparation are not too much to effect an emotional readiness when one stops to consider what the older child must renounce.

Parents who help their children meet the threat of this new reality, the rival baby, prevent many later problems of jealousy, resentment, irritation, quarreling, and destructive competition. The truth of this assertion is doubly proven, for, on the one hand, in families where attention to the child's security is given one finds the adjustment of the little family group working itself out on a very happy and peaceful basis; while in families where no attempt is made to keep the relationships happy and constructive, we find symptomatic behavior manifesting itself sometimes at a very early age. It would seem that there is little appreciation of these early conflicts

for the older child for so many parents fail to recognize the meaning of such antics as clowning, toy showing, stunt performing, tantrum staging, which may mark the introduction of the new baby into the household, especially where all the admiring relatives stand about the baby and fail completely to note the older child in another part of the room. It may be easier to point out the purpose of such behavior to the parent when we find the older child forgetting how to dress, to lace his shoes, or to take care of his own toilet needs, or to feed himself. In some cases he appears literally to be unable to swallow solid food or drink from a cup, for the only food that he wishes, therefore the only food he feels he can take, is milk from the bottle just as the new baby does. Here we see more clearly the need of the child to protect himself from rivalry, for in reverting to his own earlier baby ways he seeks to regain his mother's attention and to push aside the baby or share equally with him the attention of the mother.

This was quite obviously the case with four-year-old Ethel, whose first remark upon seeing her little brother was "Oh, put him on the floor." Later her methods became unmistakable bids for attention. She ceased to dress herself and sat limply in her chair while her mother handled her much as she did the new baby. When the usual circle of admiring adults closed upon the brother Ethel demanded, "Why don't you look at me? I can do what he does", and promptly reverted to the baby tricks that drew so much admiration when Peter performed but which no one seemed to approve of in her.

When we look at the wide range of possible reactions with which the older child may attempt to adjust himself to life with a competitor, another whole series of responses are found which may disturb the parents more because of the threat which they hold for the baby. A description of the

dozens of ways in which children express their irritation would make interesting reading, for the amazing parallelism between the three- and four-year-olds' idea of getting even and that of the more primitive social groups is evident. Among these primitive reactions are included pinching and pulling, sticking pins into the baby, throwing him out of the crib, tossing everything unwanted upon him, putting him on the stove, burning him with matches, cutting him with scissors, attempting to pick his eyes out, biting him, throwing him down the stairs, etc., and in the more vivid phantasies, such as boiling him in a pot, burying him alive, having bears eat him, and the like, we see the child's wish to rid himself of the rival. It will be evident to the reader that treatment of these symptoms, in other words, punishment for this behavior, would only serve to make the hurt and irritation deeper, and would in no way help the child resolve his conflicts in a way which would bring release, happiness, and above all his acceptance of the baby as a wanted member of the family group. Punishment which follows bad treatment of the new baby implies to the older child that the baby is of such importance that everyone is concerned chiefly with protecting it; a further interpretation that he makes is that if there were no baby he himself would not have been punished, ergo the baby is the cause of the punishment; lastly, and of extreme significance, is the fact that the much loved "parent-persons" do the punishing. Since they are the source of security and the child is already fearful of losing his place with them, punishment serves merely to accentuate their withdrawal, thus increasing the child's problem instead of solving it. In fact each of the above interpretations strengthens the child's feeling that he has been pushed aside. Punishment, here as in all other situations, may serve as a deterrant, but is never a cure, and is usually the stimulus for some other kind of a social behavior.

When one stops to realize the degree of feeling and the depth of emotional value with which the little child may endow any new experience, it becomes clear how necessary it is for parents to gain some appreciation of the way in which life patterns repeat themselves, each day's experience being colored by the feeling-tones of the days and years which have preceded.

It may seem far-fetched to the casual observer to find that the study of problems of adolescent conflict and unhappiness reflect very clearly the experiences of the early years. But increasingly, as the understanding of parents grows, there will come the recognition that each new angle of adjustment to life must be met by the child with the equipment which he brings to it. The emotional and feeling-values cannot be over-emphasized for it is only as we gain a keener understanding of these as they relate themselves in the child's life that we can hope to interpret his personality development.

To point out all of the varied threads of the child's life which become involved in this complex fabric which we call his personality would require a lengthy discussion of the many implications of the growth processes. A few of these implications, as they affect the child's growth on the physical, intellectual, and emotional levels, will here be touched upon.

IMPLICATIONS OF GROWTH PROCESSES IN RELATION TO HEALTH

Taking first the child who is always well and strong, it is easy to see that normal physical growth, fine muscular development, and good organic functioning, give him the kind of equipment with which he can meet the competitive contacts with his playfellows in the street, in his pre-school, kindergarten, grammar school, high school, and college contacts. Needless to say there are many additional factors involved which help to determine his capacity to make use

of this fine equipment. Some of these have already been suggested. Outstanding among them we find parental attitudes, family situations, social and group values, etc. A few examples will suffice to suggest some of these issues. We know already what some parental attitudes do to children. When the mother is over-careful and too solicitous for her child, she feeds the child's desire to remain a baby and often we find him with a fine physical equipment unable to gain any satisfaction from it as a fine body structure. He is like the man with a fine motor who has no knowledge of how to drive it; while the child can admire his fine body structure and have it admired, it has no constructive motor power with which he can meet the daily task of living.

The many angles of parental emphasis make the choice of one or two examples dangerous, inasmuch as one runs the risk that these concrete examples may be taken so literally that the parent fails to use his imagination to supply other illustrations applicable to his own family of children. Nevertheless a few illustrations may serve to clarify the issue. In contrast to the satisfying over-solicitude so destructive to the child's social progress we may find equally destructive experiences which, however, are extremely unsatisfying in nature. It is not a rare experience to find fathers who are such perfectionists that instead of encouraging their boys to build up their abilities they discourage and thwart them by their constant criticism and lack of helpfulness. Sometimes the father is merely perpetuating the pattern of sternness and censure laid down by his own father; sometimes the father is so insecure that he cannot view his son's development without a sense of resentment, because the boy's abilities rival his own. In either case, the father's discouraging attitude prevents healthy identification of the boy with him and his interests.

Such a problem existed quite unconsciously in the case of Howard who enjoyed vigorous and health-building chores

like mowing the lawn and tending the furnace. When every attempt of his was met by his father with a critical evaluation —the lawn was uneven, or the fire too low—the boy ceased all assumption of responsibility and, incidentally, lost a valuable opportunity to apply and increase his physical power.

To compare the prowess of one child with the inadequacies of another in the mistaken hope that such comparisons will provide incentives for improvement, is another most unfortunate procedure. It establishes—if it is not there already—a mischievous, utterly destructive rivalry situation. It creates in the one child an unhealthy over-evaluation of his physical equipment and in the other an unhealthy under-evaluation of his own worth. Thus Sarah, who was much overweight, was constantly compared unfavorably to her younger sister, who was slender, because the latter could do things so much more quickly. The parents not only sent Anne on errands instead of Sarah but actually talked about it until the older girl's self-consciousness reached the point where she would not be seen dancing at a party. As Anne was by order of birth Sarah's natural rival, insult was added to injury. The older girl in her need to work out the jealousy situation became possessed of a grim determination to at least equal if she could not outdo her younger sister in all the attributes upon which her parents set so much value.

As much harm can be done when there are no other children to complicate the picture, provided the parents' handling is destructive enough. One small boy of nine was so deeply imbued with a sense of physical incompetence that he capitalized his weaknesses in order to obtain some small measure of satisfaction. Both the mother and father in this case were greatly threatened by the boy's undersize and poorly developed musculature. Their ideals included great vigor, strength, and, for the future, a reputation in collegiate athletics. Not that these are unusual or undesirable wishes in

themselves, but Mr. and Mrs. Atkins allowed physical perfection to overshadow all other attributes. The father and mother joined efforts to develop Harry's physical equipment, but with all the emphasis on his present inadequacies. He was taught to wrestle not as a game he could enjoy but as a matter of grim training—the spectre of unmanliness always before him. Pictures of great sportsmen lined his walls—not his own choice but his mother's. These constant reminders of his inferiority were regarded as salutary spurs to action. Harry's chief enjoyment lay in the exercise of his extraordinarily fine intelligence, but even this realm was invaded by his parents' intense drive for virility. His mother made it part of his regular program to read him stories of famous men who had been physical weaklings in their youthful days. The consequence of all this was a fearful realization on Harry's part of his physical limitations. His conversation with the Bureau examiners was crammed with remarks which called attention to his various ailments and disabilities. They were being used as excuses for all his social inadequacies, and why not, since his elders did not hesitate to rationalize and capitalize for him?

A great variety of common physical issues have become similarly involved in the personality and behavior problems that come to a child guidance clinic. Included among these we find eye and ear handicaps, nasal obstructions and disease, the many glandular disorders, dental abnormalities, tonsil and adenoid involvements, heart and lung affections, intestinal and bladder disorders, inadequate muscular development, paralyses, organic bony deformities, etc. In many of these cases the physical handicaps alone may produce an emotional over-loading for the child. They carry with them, especially for the intelligent sensitive child, a stigma of difference which sets him apart from his fellows on an undesirable plane and which, marking him as inadequate, is inevitably

destructive. At times the handicap is not obvious yet operates by making normal adjustment difficult just as surely as does gross deformity. Eye defects which make academic work a burden, glandular defects which make energetic games exhausting, jaw formations which give queer twists and turns to speech, all contribute indirectly but incontestably to the development of emotional problems.

When the handicap is magnified by the attitudes of parents, teachers, competing brothers and sisters, schoolmates, and the like, the personality development is profoundly affected by the play of the environmental factors upon the structure and emotional development of the individual. The possibilities for constructive work are great in these cases, especially when one gets the child early and has the complete cooperation and help of the parents in molding, shaping, and directing his attitudes, interests, and efforts. It is possible under ideal circumstances to conceive of a handicapped child so handled during the growth period that he gains enough security and independence to enable him to meet the competitive relationships of his school and later life with a fine kind of personal and social integration.

EFFECT OF PARENTAL ATTITUDES TOWARD EDUCATION

If one parallels study of the intellectual development with study of the physical growth experience one notes the varied aspects on this level as well. Through psychological studies we know of the variation of intellectual equipment in individuals and in various social and educational groups. In addition to the native intellectual endowment we are able to demonstrate the existence of special abilities and disabilities which may aid or hinder the child or growing adolescent in his efforts to make the educational adjustment which his intelligence would seem to indicate. Here again our insight would be totally inadequate if it were not possible to interpret

the many emotional elements which become involved in the child's everyday use of his capacities.

Certain parental attitudes toward education, such as an over-fostering of intellectual efforts, an over-emphasis on the value of high marks, intense competitive attitudes built up by the family members, as well as the indifferent attitudes of uninterested, uninformed parents whose children gain no stimulus and no appreciation for their efforts, are largely responsible for the feeling values of a destructive kind which we frequently find interfering with a child's school progress. The projection of parental problems into the educational field creates some of the most serious emotional problems of childhood. That is to say, the exaggerated importance imputed to intellectuality, book-lore, all-A report cards, and the rest, is in almost every instance an attempt on the part of the parents to create in the child a pattern which will meet their own needs. Especially under our present social order, and with the peculiar circumstances surrounding the immigrant population, we find parents who were thwarted in their youthful ambitions for learning and intellectual training, imposing upon their children their own intense drive. When then the child runs counter to the parents' wishes and ideals we have one type of behavior and educational problem resulting. When the child falls in too completely and excludes all other healthy activities, we have another kind. Not all these projections come from parents who have been deprived in their youth. Many who have back of them a tradition, generation after generation of approved academic or vocational training, particular professions or trades, feel their standards dangerously threatened by any attempt on the part of their children to enter unrecognized fields. So far as the sons and daughters are concerned, the pressure from these two causes may be equally severe, equally irritating, and equally certain to produce problems.

A young high school boy was referred to the Bureau by his school counsellor after a runaway episode which was looked upon by the family as inexplicable. An all round study revealed several very important factors causative to the boy's problem. His physical equipment was good, he was well built, able to compete in games, had no disabilities which would mark him off from his fellows. In general intelligence he was low average, not failing in school but finding it very difficult to keep up with the other boys in the general academic, so-called classical, course. Added to his intellectual unfitness for much abstract work, was a lack of interest in it, the natural consequence of inaptitude. It was further discovered that the boy's own choice had been directly in the line of his best equipment. He had hoped to enter the printers' trade following his eighth grade graduation. Had the Bureau had only the boy to consider there would have been an immediate transfer to trade school, but the social history indicated work to be done with the father first. He was foreign-born, without any formal school training beyond the first few grades, and a man intelligent enough to have profited by more than that. As to so many other parents under similar conditions, America loomed as the one place where that desire could be fulfilled for everyone. In Michael's academic success Mr. Moore would have found sufficient satisfaction to compensate for his own deprivations. Thus arose the driving force which opposed Michael's natural proclivities, not because of any desire on the father's part to be authoritative per se, but owing to his need to offset his own early disappointments. In order to keep Mr. Moore's security as intact as possible the transfer was urged on the basis of Michael's best abilities, his future happiness and success if those aptitudes were fully developed. By avoiding mention of his real unfitness for the high school course a minimum of unsatisfying associations was effected, Mr.

Moore's ego was threatened as little as possible, and eventually the desired change was made.

A young boy who had just completed high school came to the Bureau in greatest conflict because his own choice in the matter of a career directly opposed the family standards. His intellect was of the keenest and his mathematical ability was far beyond that of the average college student. The father, grandfather, uncles, and a line of ancestors before them had been college-trained and eminent lawyers and business executives. In this family George was, in biological terms, a sport. His deepest wish was to exercise his abilities concretely in the mathematical world. Books were tools to be used in conjunction with his mathematical activities in so far as they might add to his knowledge and increase his range of information. It was not that he denied the value of organized academic training, but that it was not his way. The thought of another stretch of years occupied chiefly with verbal abstractions was abhorrent to him. At the same time the desire to preserve the family tradition and retain parental approval was very strong. It was months before he freed himself sufficiently from the home ties to follow his own decision.

When one realizes the essential simplicity of a constructive and satisfying program for the child the importance of parental education directed at these points stands out. An understanding on the part of the parents that their own childhood experiences and early personal problems continue to influence them in later life and persist as dynamic forces underlying their behavior, will do much to prevent the creation of problems in the children dependent upon them. This implies that in addition to understanding that such causation exists, parents will be helped to objectify the destructive experiences of their own childhood. Such externalization gives the adult more conscious control over his reactions.

Thus, he can avoid many situations which would have destructive value for the child.

PREPARATION FOR SCHOOL

As can easily be imagined, the educational issue towards which the parents should direct their first efforts is the preparation of the child for his first school experience. We see the child taking as his equipment for that first day at school his native physical and intellectual endowment plus the personality integration which is the result of the growth of all the years of his life. During these early years his emotional values are the product of his feeling experiences coming to him as an individual in the family group. His capacity for independent activity, development of initiative, self-reliance, responsibility, and the like, are the products of his parental teachings and his own personal growth. When he enters school what is more natural than for him to meet the teacher—the parent substitute—with the same essential attitudes as those he takes to his own parent? If the parents have worked out with him a personal security and courage, his next weaning process—that of going to school —is a relatively simple adjustment to make.

Once in school, the adjustments become complicated by the group experience. For the child who is blessed with a happy family group this new social situation holds few threats. For an only child, isolated in an adult setting, the center of an admiring grown-up world for the first few years of life, the school adjustment offers more of a threat. The constructive possibilities of the pre-school group contacts are indicated when free play, active happy social experiences, and contacts with other children are not available in the home. It is impossible to enumerate all the experiences which lead to a happy school adjustment because every weaning situation which the child meets constructively before that time is part of the preparation. It is easily seen that the child who is

accustomed to recognize reasonable restrictions and family law, who can exercise control in his toilet habits, who has developed skill and satisfaction in dressing himself, who has solved the problem of rivalry with his brothers and sisters, will find school just another opportunity for self-development and interesting play activities. The child who has been helped to meet all adults as friendly understanding people will be able to accept the teacher as a satisfactory mother-person. If the sister and brother situation at home is well solved, the teachers' attentions to other children in the group, the need for cooperation, and the sharing of children's toys and study material do not threaten the child's security. If the parental attitude toward school is one of enthusiasm and encouragement, if the child is helped to identify himself in this respect with older children in the family to whom school is a pleasant experience, the adjustment is again made easier. Since an important principle is a satisfying constructive identification of home and school, it is often desirable for the mother to accompany the child to school—perhaps only the first day, perhaps for a longer time. If it is implied that the mother and teacher are old acquaintances the transfer is made with an added sense of security and a considerable degree of interest and pleasure. It is worth noting that many children do not realize that the mother or nurse who takes them to school is not going to stay until the session is over. Special mention should be made of this to the child, with emphasis on being called for at noon, and on the interest that the mother will have in what the child has done that day, and so on. Asking schoolmates home to lunch or afternoon play also does much to give a sense of security in the new setting. Lastly, the type of preparation recommended calls for a period of at least several months during which the child is allowed to look forward to the next adventure and in so doing grow gradually into an acceptance of it.

Out of the child's physical, emotional, and intellectual development his social and educational progress evolves. His adjustment to society and his actual school achievement become, then, the symptoms, the outward signs, of his inner development. While studies of social and educational problems bring into relief certain physical and intellectual deviations which are causative factors we emphasize strongly that it is the effect of these deviations on personality growth which has the greatest significance in the patterns of adjustment preparatory for life in the adult years. If the child's love and ego needs are satisfied constructively with adequate compensation for the limitations which are a part of his native equipment, his emotional maturity and his happiness will enable him to take his place in the world of achievement. In all our so-called behavior problems, social inadequacy has been the product of immature emotional development while the immaturity itself is traceable to any number of dynamic destructive experiences in the child's life. Of equal importance with his social-personal relationships is the child's educational achievement. Time and again we have seen academic failure dependent not on poor intellectual endowment nor on physical disabilities, nor yet on inadequate teaching technique, but primarily on the child's inability to function independently in the social milieu or to derive from the output of his energy a real satisfaction in his own creations.

It becomes more and more apparent that in order to accomplish one's maximum in the social and educational spheres one's emotional growth must keep pace with one's physical and intellectual development. Intellectual precocity without emotional maturity leads to misuse and even to disuse of one's real ability. The most highly socialized contribution can be made only when there is integration of the physical, intellectual, and emotional spheres—a functioning, in each sphere, on the highest level which the individual is capable of attaining.

THE PURPOSIVENESS OF ALL BEHAVIOR

With our knowledge of the complexity of life even for the little child we become increasingly convinced that in order to understand and interpret his behavior—whether good or bad—it is necessary to discover its purpose for him. We must understand the child's needs and the underlying forces which motivate his behavior. It is an interesting commentary upon our complacency, that so few of us ever take time to study and evaluate the purpose of good behavior and interpret its values for the child. For the most part we take good behavior for granted, and only concern ourselves about the behavior of the child or adult when for some reason or other it makes us miserable. If we could remember that all behavior is purposive and that it is possible in our study of adjusted mature individuals to see cause and effect relationships just as clearly as in the problems of unadjusted persons, would it not be possible to attain a more real kind of objectivity in our interpretations of all behavior? Parents and teachers should appreciate the fact that good behavior as well as bad behavior has a feeling-value for the child. It serves a purpose in meeting his needs, and this behavior, whether consciously or unconsciously determined, represents an attempt on his part to find a solution for these needs.

Is not an understanding of the underlying causes essential to this objectivity? Where parental and other environmental factors overload the child with feeling-values which, whether predominately satisfying or unsatisfying, are of a destructive nature, it is evident that, until some causal factors are modified, his behavior is bound to continue in essentially the same unsocial, destructive fashion.

The truth of this assertion is borne out in thousands of cases studied by psychiatrists and other workers in the field of mental hygiene. And yet, even in this day of well-read

parents, there are bound to appear intense objections and arguments to controvert this truth. One frequently used is a part of our old-time training code, with its moral and ethical values, namely, the argument for will power and conscience. Not until we come to the place where we can interpret these angles of personal experience in terms of their causes as well as their symptomatic reactions can we hope to make use of will power and conscience in their most social, constructive, and dynamic form.

PUNISHMENTS AND THEIR EFFECTS

The results of types of parental control which are concerned wholly with moral issues are found in great numbers of the cases studied at the Bureau. Long before the child comes to a child guidance clinic the parents have, time and again, used all the measures known to them—punishment, appeals to will power and conscience, prophecies of social ostracism and delinquent careers, comparisons with models of behavior, and the like. These measures have sometimes brought cessation of the symptom toward which they were directed. If one is concerned only with the treatment of symptoms then one finds much value in a therapy which brings prompt results; for example, the immediate cessation of masturbation following severe beatings, threats, burning of offending fingers, and the like. In such cases it is true that the child may cease his masturbation, at least when the parent sees him; but this cessation may be accompanied by a withdrawing of confidence, by solitary practice when apart from the family, by the building up of phantasies, by the development of compulsive phenomena of semi-neurotic character, by changes of mood, and many conflicts, and sometimes by the development of a more aggressive asocial behavior, such as lying and stealing. These other behavior manifestations which may develop will indicate to the observer some of the trends which may be

utilized by the child as substitutive measures to drain off the feeling needs which underlie and constitute some of the direct causes of his need to masturbate. The problem child is then referred for psychiatric treatment because, although the original symptoms have disappeared, others equally or even more disturbing represent the child's attempt to solve his emotional problem. In other words, a change in symptomatic behavior in response to discipline does not furnish sufficient evidence that the problem underneath has been resolved. All too frequently it only indicates that the outward manifestation of the child's attempt to gain satisfaction has had to be modified because the severity or disapproval of the parent has become sufficiently negative and unsatisfying to make him seek other outlets in his search for satisfaction. This truth can be better appreciated if one recalls the fact that individuals have a need to repeat for pleasure. That is to say, if, as a result of certain personal needs, the child builds up patterns of behavior which serve the purpose of satisfying these needs, he continues to repeat these patterns because they are satisfying to him and give him a measure of pleasure.

The parent who becomes concerned about the destructive or asocial values of a particular form of behavior, and who himself may be annoyed and irritated by the repetition of such responses, will frequently attempt to control and modify this behavior by imposing authoritative control or punishment to prevent its continuation. Is it not possible to see that, should the parent fail to understand the purpose of this behavior, the value it has for the child, and should he expose the child to more deprivation or discomfort, he may be playing into the child's needs; that is to say, he may be intensifying the child's desire to continue the same behavior in order to gain a more complete satisfaction by thwarting and punishing the parent, thus offsetting the deprivation

which the parent has imposed? The complexity of values in any single cause underlying the child's behavior has been alluded to before, but it is important to remember that when we are observing behavior in a child, whether good or bad, it does represent a symptomatic response in the child's search for satisfaction. Therefore, if we wish to help him work out a more satisfactory type of adjustment it is necessary not only to shift the environmental elements when they can be shifted, but also, through our attitudes and methods of handling, to help the child gain enough security and satisfaction so that he may abandon old destructive patterns of pleasure and find plus values in more constructive, social responses to the same situation.

EVALUATION OF THE CHILD'S EXPERIENCES: THE EGO-LIBIDO METHOD

Theoretically, this task may seem difficult.[1] If in our study of any given case it is possible to evaluate most of the experiences coming to the child, bearing in mind that each contact with life has had for him relatively more satisfying or more unsatisfying values, and that each experience has had predominating constructive or destructive trends, it is not difficult to visualize the possibility of evaluating the child's symptomatic behavior in essentially the same way. Bearing in mind that the individual's behavior serves a purpose for him, we must see what needs are created by his own peculiar experiences. If his experience has been predominantly satisfying but destructive, retarding growth to maturity rather than fostering it, we find in his behavior an attempt to retain these satisfactions at the infantile level which his experience has made so pleasurable. The behavior mechanism is then positive, i.e., satisfying, but destructive in value. If, on the

[1] The ego-libido method used at the Bureau of Children's Guidance covers these categories outlined above.

other hand, the individual has encountered chiefly unsatisfying and destructive experiences he again seeks satisfaction through his behavior, but since his background sets a destructive pattern he will again produce destructive, i.e., asocial and immature, conduct reactions. Whereas the natural tendency in the first instance is to retain or protect the satisfying conditions of early childhood, in this second instance the natural reaction is to balance, to compensate for, the utterly unsatisfying conditions of the early background.

It is of great importance to note that in either case the behavior, whether protective or compensatory, is satisfying in value. This is incontestable as the very fact that it is constantly repeated by the individual indicates that it is more pleasurable to him than any other response can be under existing circumstances. This last phrase has considerable weight, because if existing circumstances are modified, i.e., made satisfying and constructive, the response will also change to take on the same socially desirable values. Thus when the child's background has been heavily weighted with satisfying, constructive experiences we find his behavior always forward-moving yet satisfying to him. We see his love values not protective of his infantile dependency but compensatory on a higher plane as he becomes able to renounce the infantile. We find his ego values compensating largely for the childish love-dependency that was once his natural prerogative. Furthermore we find his ego satisfactions shifting more and more to actual achievement and interest in other people as his circle of interest widens and his need to be the center of the universe decreases. If we carry our study still further it is possible to determine, again only through the medium of the individual's personal experience, whether the main emphasis in his behavior rests in the love needs or the ego needs of the child. This, of course, we cannot know until a full investigation and analysis of his experiences reveal whether the chief

satisfactions or lacks are primarily in the libidinal or ego spheres of his development. Just as the individual's behavior is a response to satisfying or unsatisfying, constructive or destructive, experiences it is also a direct response to the values his experience has had in the fields of love and ego satisfaction. If his experience has made libidinal satisfactions most pleasurable his behavior will, in its attempt to protect those satisfactions, therefore have libidinal value. And where there are great deprivations in one or the other sphere the resultant behavior, in striving to compensate for those deprivations, will have the value for the individual of the instinctive need which he is thus fulfilling. Here then we have a simple method by means of which it is possible not only to see cause and effect relationships clearly, but also to determine the purpose of the child's behavior and the value which it has for him—in other words, the mechanisms of his behavior and their feeling-value for the child are made more obvious. If one sees clearly what purpose the behavior is serving and appreciates how much this particular type of behavior means in the child's attempt to find satisfaction, one cannot easily make the mistake of treating only the symptoms or the behavior, so-called, without an earnest attempt to shift and reorganize the environmental elements which are at the basis of his problem and which constitute his difficulties.

TREATMENT OF CHILD THROUGH PARENTS

With the little child, social psychiatric treatment should be directed mainly towards environmental difficulties. As environmental in this sense embraces all experiences coming to the child in the way of attitudes and emotional responses of others, as well as the more material tangible factors of economic status, physical conditions of the home, recreational opportunities, and so on, one must work mainly with the parents and parent-substitutes. As will be recalled, mention

has already been made of some of the emotional determinants underlying the parents' own attitudes, biases, and prejudices. It is necessary, then, to have some understanding of the parents' problems if we are to be able to help them meet the needs of their children, for the feeling values involved in the handling of children by their parents represent a part of the purposiveness in the parental behavior. With this in mind one readily sees how important it is that the parents gain insight into themselves as well as into their children. It is within this field of parent-worker contacts that the possibilities of treatment success or failure rest. To change parental attitudes and prejudices one must recognize that intellectual interpretation is not enough. Not until changes in feeling-values are achieved can one hope for a consistent and constructive change of attitude. That the worker becomes a part of this change is easily seen. In the many discussions available of the technique of social work much is said of the role the worker must play. Until the worker can achieve sufficient objectivity to see the parent and his problem in just as clear and detached a fashion as she sees the child, it will be difficult to build up a sufficiently reliable technique to assure complete success.

We see the worker with this objective understanding playing the role of catalyzer in this human chemical process. In cases where the parent has suffered deprivations of various kinds, we see the worker playing the role of good parent and friend in the hope that through her encouragement and interest the parent may gain enough security and satisfaction to neutralize and balance the dissatisfactions and threats of reality. By means of this re-evaluation of feeling-values a change of attitudes may gradually be brought about. Through this the problems and difficulties of the child may be resolved as well.

In other types of parental difficulties the approach and technique of the worker must vary to meet the needs of the

individual. As there are no general causes which explain all cases, so there are no general rules of technique to be applied in all cases.

It is necessary in working out a plan of treatment to gain one's direct leads for procedure through study of the problems of adjustment and adaptation which the individual has worked out. This can be done only through a complete personality study in which all the environmental, personal, physical, intellectual, and emotional experiences are considered. Such a study not only gives an indication of what feeling-needs the patient or the parent has, but through study of a longitudinal section of his life one can gain a knowledge of where treatment emphasis should be placed and also gauge to a large degree what the individual's response will be to the treatment. This refining of the technique of treatment adds an important contribution to the equipment of the social worker for it does away with the trial-and-error method of therapy which has many fallacies, and it leads more directly to treatment of causes rather than of surface symptoms.

It may be well to interpolate at this point that in many families where the parents are distinctly irritated at the child's behavior it may be necessary, in order to gain complete cooperation from them, to help resolve their immediate discomfort by handling symptoms first, with the hope that later on interest in removing the causes to prevent further manifestations of the same difficulty may be developed.

The above discussion of treatment leads naturally into a discussion of some of the problems of prognosis. It has already been said that in the problems of younger children the bulk of effort and treatment contacts should be made with the parents, since the child in these early years is largely under parental control and domination. In these golden years of childhood opportunities for doing preventive work are most abundant. It is during this time that the parents need guid-

ance and help in meeting the growing needs of the child, but constructive work can be done only when the parents themselves desire to be helped. If they feel that nothing is wrong with their child, and if the teacher of the pre-school group, or the clinic nurse, or some interested relative brings the need for psychiatric work to their attention, there is a very good chance that their own defensiveness, personal pride, or, as in many cases, their own emotional tangles may interfere with a whole-hearted acceptance of the worker's help. Many illustrations of typical reactions of this kind could be furnished, for they are not uncommon. In general the most successfully treated cases are those in which the parents themselves discover problems and come for advice because they honestly want help and are willing to cooperate to the limit of their capacity.

TREATMENT OF OLDER CHILDREN

As the child grows older and his contacts broaden through the school and play group, Sunday school, and so on, the treatment program must be extended to include the individuals who are playing the parent-substitute roles. Frequently a fine kind of response to suggestions for help for the child will be forthcoming from this group, even though the parents fail to help, and in many instances through personal contacts of the child with the psychiatrist and the worker, and contacts with the parent-surrogates outside the home, the child may get much relief and find sufficient satisfaction and help so that he may drop his destructive behavior and work out a constructive social adaptation. Needless to say, this kind of procedure is more effective if the child has a normal or superior intelligence, for a good mental equipment makes it possible for him to gain insight and helps him to achieve a more mature adjustment through his own efforts.

Where the parents are uninterested, actively resistive, or

emotionally so involved that changing their attitudes towards the child and their methods of handling him would constitute a distinct deprivation to themselves, one can say quite frankly that the prognosis will be less favorable. Since the chances for success are good when the parental attitude is one of interest, if one were to choose cases with which a clinic should spend time and money in active therapy, problem children from the latter class should be selected. Until the public schools as well as parents become aware of the importance of a preventive program many cases of behavior problems will come to light in the child's school contacts. Work should be started early if prevention is to be effective, and the school may play an increasingly important part in the recognition and understanding of these problems and in intelligent handling of them. We cannot emphasize too often the importance of the *early years* of growth, for the personality patterns of later life first find their roots in these early years. It is through the constructive integration of all the childhood experiences that the potential motive force for mature growth is made available.

Chapter IV

CHILD GUIDANCE THROUGH SOCIAL TREATMENT

THE general objective of the Bureau's treatment was a better adjustment of the child to his environment; an adjustment which would permit life, in relationship to those around him, to be as free as possible from unnecessary strain and stress and as full as possible of wholesome outlets for normal emotional interests. In child guidance an adjustment between the child and his environment commonly implies the following: changes in the attitude of the child towards himself and his environment, changes in the attitudes of his parents towards him and towards other factors in his environment, changes in the attitude of the school towards him and his home. In many cases similar adjustments are called for on the part of brothers and sisters, friends, officials, and other persons occupying positions of influence and authority with respect to the children.

In the work of the Bureau the direct treatment of the child was undertaken as a general practice by the psychiatrist. The direct work with parents, teachers, and others was usually done by the social worker under the direction of the psychiatrist. The general responsibility of the social worker for the adjustment toward which treatment was directed involved two types of activity: first, the provision of certain service opportunities or special kinds of experiences, frequently not provided by the Bureau itself; and second, a direct effort to change the attitudes of those persons most closely associated with the children.

TREATMENT THROUGH FACILITIES OUTSIDE THE BUREAU

The treatment of unadjustment is largely a matter of work with the individual most concerned. Comprehensive plans of treatment, however, usually involve arrangements for services, or opportunities for special experiences. This kind of treatment was often arranged by the Bureau without recourse to any outside assistance. Usually, however, such treatment involved the cooperation of agencies or persons whose interest in the children had to be enlisted. The most common forms of service for which the Bureau facilities did not provide were the following:

General medical treatment.
Adaptations of the ordinary school program.
Special educational services.
Vocational advice and placement in jobs.
Relief.
Facilities for the care of children outside their own homes.
Recreation.

Medical service was an important factor in many treatment programs. Each child was given a thorough physical examination as a part of the Bureau study, and where children were not already under the care of physicians it was the Bureau's practice to arrange for whatever medical attention the Bureau examinations showed to be desirable and to cooperate closely with the medical agencies or private physicians who provided it. There was ordinarily no difficulty about securing adequate medical service. The hospital and clinical facilities of New York are abundant for most medical needs and our relations with them were excellent.

In a good many cases the physical condition of the child was an important factor in his emotional adjustment. In other cases it seemed to be only a minor factor, if significant

at all. The greatest problem presented by the correlation of general medical service and the work of the Bureau arose from the not uncommon failure of persons responsible for general medical treatment to appreciate the emotional significance to the child of this experience. In cases where a child's attention has been focussed too exclusively upon himself and his ailments it has sometimes been found desirable even to postpone needed treatment until new objective interests and a more healthy, outgoing attitude could be cultivated.

A difficulty of another sort arising in connection with medical treatment lay in the frequent inability of parents to see its bearing upon the children's behavior. In one of our cases, a girl was suffering from serious physical difficulties for which she was receiving medical treatment. In the judgment of the Bureau and others no satisfactory diagnosis of her physical condition could be made without a period of observation in a medical institution. This the mother was unwilling to sanction. For a considerable time, therefore, the treatment of the Bureau was directed towards this point of view on the part of the mother with the result that she finally agreed to a period of observation in a hospital. The following report received after sixteen days in the hospital carries its own suggestion of the deep-seated physical factors which played a part in this girl's behavior:

"D. Norton was a patient in the neurological wards in Bellevue Hospital from March 12, 1926, to March 28, 1926. Our studies included blood chemistry, blood Wassermann, urine, blood cell count, basal metabolism, and X-rays. All of these were negative. On physical examination she presented some evidences of an endocrine unbalance (a possible status lymphaticus). Our other findings were negative. In our opinion this girl has convulsions of unknown etiology. We believe that possibly by good, regular medical attention her seizures may be kept at a minimum frequency. In addition we found evidence of mental retardation. She should be institutionized at least for a while."

The adaptation of school programs as a contribution to the treatment of children was frequently called for. It was not always possible to secure such adaptations, sometimes because the facilities of the school did not permit, sometimes because the necessary administrative regulations of the schools prevented it, but more frequently because the Bureau was unable to convince school authorities that the mental hygiene implications for the child of the adaptations suggested were more important than adherence to established school practice.

Nevertheless, in a large number of cases such adaptations were made and became an indispensable factor in the adjustment of children. Opportunity classes in the schools were made available for students at the request of the Bureau. The Bureau's recommendation frequently influenced school authorities in matters of promotion and demotion, and transfers from one school to another for various reasons, not infrequently to provide the stimulus of a new school environment, were arranged in a substantial number of cases.

In one case a girl of ten had been a constant source of irritation both at home and at school because of her excessive slowness and her awkwardness of movement. She was much overweight and sluggish in her manner. Teachers taunted her and parents prodded her. The Bureau tests for intelligence classified her in the average group and a thorough physical and psychiatric study revealed a glandular problem as probably basic in causing her difficulties. Regular and carefully planned glandular treatment was arranged and both parents and school accepted the Bureau's explanation of the situation. The school responded in an especially helpful fashion, arranging for a particular kind of physical exercise. After a little more than a year of this combined attention, the girl had improved to such a degree that she was no longer a problem in the classroom and was getting her share of responsibility and appreciation at home.

One of the Bureau's interesting cases was a twelve-year-old boy, the youngest child in a family of adults, whom the family considered its black sheep. He had been transferred on the initiative of the family from a school where he was doing acceptable work to another school where he suffered demotion in order that he might be under the constant supervision of a sister one year older. The sister went back and forth to school with him daily, reporting on his conduct to the family who commended her for her watchfulness and berated the boy for his misconduct. One of the steps in treatment was to urge a transfer from the school attended by his sister to another. This was partly to end the espionage of his sister and partly to provide him with a more understanding and more satisfying school environment. The new school happily possessed a swimming pool. The Bureau was able to secure an interest in him on the part of his new teachers with the result that his whole attitude toward school changed. The boy is not well endowed intellectually and will never be a scholar. The change in the school arrangement, however, marked a notable progress in the Bureau's treatment both because it involved the acquiescence of his parents and because the boy responded at once to the new environment and became in every way less of a problem. The case of this boy is one which the Bureau regards as successful. The cooperation of the school was a vital factor in the result.

In all of the Bureau's relationships with the schools, and at no point more significantly than in this effort to secure adaptations in the regular school program, the visiting teachers were invaluable. The Bureau could count upon their understanding of its philosophy and purposes; and their interpretation of these to the regular school authorities frequently made possible a much closer correlation between the child's school experiences and the Bureau's treatment than would otherwise have been possible. Unfortunately the number of visiting

teachers in New York City is small. By this comment we do not mean to suggest that the satisfactory school relationships of the Bureau were limited to those schools which use visiting teachers. A large number of school principals and classroom teachers in other schools were completely cooperative in their attitudes. Moreover, both the public school system and the private schools provide an impressive number of those special services needed in the treatment of children which the Bureau's own equipment could not provide.

It should be recorded, however, that one of the greatest obstacles to the emotional adjustment of school children lies in the traditional administration of schools, both public and private. The requirements of the curriculum, traditional methods of discipline, the authoritative attitude of many teachers and principals, and the concentration of school attention on matters of scholarship are frequently causes of serious maladjustment in children. We found abundant evidence of this in the cases treated at the Bureau and we were continually blocked in our efforts to help children by unwillingness on the part of school authorities to recognize the mental hygiene implications of school life. We should like this statement to be weighed in the light of our previous recognition of the invaluable service to the children under treatment rendered by many of the school authorities of New York City. It is only fair to state, also, that within our experience school authorities are no more subject to such an indictment than are parents. Our experience with other types of persons in positions of authority or influence over children—clergymen, employers, recreation leaders, etc.,—was much less wide than with parents and teachers. In so far as we did have such contacts, however, they produced the impression that such authorities show the same range from helpfulness to injury in their relationships to children.

Another form of service for which the Bureau itself was not equipped was that of *training along special lines.* This varied all the way from tutoring to the finding of some special trade school which afforded a program suited to the special abilities and emotional needs of particular children. We had an interesting experience with an eight-year-old boy who had been made a baby of both at home and at school until he was so petted and spoiled that he was without interests of his own and entirely dependent upon adults. At school this boy developed a special disability in reading because of his defective training. It was certain that he would be handicapped in his work in higher grades because of this difficulty. He had become a nuisance to his teachers and a disappointment at home. The problems of the parents were so complex that it was impossible to give them any real understanding of the child's problem, and we succeeded only slightly in changing their handling of him. One of this youngster's marked characteristics was a delight in attention. The Bureau, therefore, resolved to turn this bit of symptomatic behavior into a therapeutic agent. We enlisted the interest of a teacher who in consultation with the psychiatrist and psychologist planned a tutoring course for the boy. She used an entirely novel method to teach him reading, one adapted to his difficulties and which put special value on every success he achieved. Through this procedure the youngster realized his own desire for attention through doing his work well, and for the first time he found the focus of his interest shifting from himself to the attractive things he was doing. In school he ceased to be a behavior problem and at home he began to read for the benefit of the family.

Special tutoring was attempted on a number of occasions by the Bureau, usually through the enlistment of persons outside its own organization, sometimes persons having strategic rela-

tionship to the child. A considerable amount of it was done, however, by the students as a part of their case work contacts.

An even more significant illustration of the value of special training in treatment was presented by our experience with a sixteen-year-old girl of low average intelligence whose family had for her, as for each of their other children, definite ambitions based upon scholarship achievement. The girl was struggling unsuccessfully with the work of the regular high school course and constantly burdened with realization of her failure to live up to the expectations of her family. She was a girl in whom confidence had never been reposed. She had been given no responsibilities because her family had believed her incapable of discharging them. She thought herself unattractive, dull, and a complete failure.

As a step in treatment the family was persuaded that she would be happier and probably more effective in work with less definitely intellectual implications. They accepted work in a tea room at some future date as a legitimate ambition for her. The Manhattan Trade School in New York City, which offers an excellent course in training for work in tea rooms, was approached by the Bureau and responded cordially to the explanation of the girl's problem which we presented. From the beginning of her course at the Trade School the girl had almost for the first time in her life a feeling of accomplishment. As a part of their understanding of her need the teachers were always ready to recognize even small measures of success in her work. Her family came to feel that she was perhaps not hopeless. The whole experiment was the beginning of a gradual lessening of tension in the girl's whole attitude towards life which was especially marked in her contacts with other people.

A large part of the work of the Bureau itself related to *vocational advising.* The choice of a vocation has mental

hygiene implications of the highest importance. Particularly with older children matters relating to the choice of a vocation, vocational promotion and standards of vocational success were frequently critical focal points of discussion both with parents and with children. In many of these cases, however, there was need for vocational guidance service more authoritative than that which the Bureau itself could provide. It was not always possible to secure such service, but some of the agencies of the city, notably the Vocational Adjustment Bureau, did excellent work with cases referred to them.

In one case an eighteen-year-old girl, who when referred to the Bureau was struggling in a high school grade for which she was intellectually unfitted, was brought by our worker to the attention of the Vocational Adjustment Bureau. The girl's school experience, plus practically all of her other experiences in life, had made her feel excessively inferior and excessively shy. She had almost no social contacts and showed an increasing tendency not to leave home and the security of the group of adults by whom she was surrounded. Like one or two other children whom we have discussed in this chapter, she had been given no home responsibility as the members of her family had assumed her incapable of making decisions. At the Vocational Adjustment Bureau she was given special tests to indicate vocational abilities and disabilities. After a period of training under the Adjustment Bureau, she was put into a shop supervised by the Bureau where she was paid for her work. Throughout her contact with the Adjustment Bureau its staff showed a high degree of understanding of her and her problem based largely upon our report to them. As a result, the girl was made to feel that she was among friends. She gradually became more accustomed to group contacts, and largely as a result of her handling by the Adjustment Bureau became competent to take a full time job. She assumed more responsibility at

home, she made friends, and her serious tendency to withdraw was in large measure overcome.

The question of *material relief* was not a serious problem at the Bureau. This is because most of the children received for treatment came from families with some margin above the dependence level. We did have some cases, however, in which relief was important and in all of them we were able to work out satisfactory arrangements for cooperative treatment with family societies of New York, notably the Association for Improving the Condition of the Poor, the Charity Organization Society, and the Jewish Social Service Association. As has already been stated, it did not seem possible for us to admit cases for which the Bureau could not be given complete treatment responsibility. We did, however, maintain cooperative treatment with a few agencies with satisfaction both to us and to them.

It was the policy of the Bureau not to give relief from its own funds and not to assume responsibility for raising such funds from special sources. The giving of relief, like the placing out of children, is a function of other agencies. Most of our expenditures of a relief nature were for such purposes as providing summer camp opportunities. The money for these expenditures was usually provided by outside sources and the total amount expended by the Bureau during the five and one-half years was inconsiderable.

A much more difficult problem having in some cases a relief aspect arose when it seemed necessary as a part of the treatment of children to *remove a child temporarily at least from his own home.* This meant at times sending him to camp, at other times sending him to boarding school, again placing him in an institution, and yet again finding a foster home. For none of these purposes did the Bureau develop facilities of its own. The summer camp problem presented some difficulties, but it was on the whole relatively easy to

find good camps. Special schools and institutions to meet the requirements of individual cases were much harder to find. Only in a small percentage of the cases where such a school was urgently needed were we able to find one. Occasionally we were successful.

Foster homes were also difficult to find. We used the institutions and the home-finding agencies available near New York wherever possible and frequently with success in terms of the treatment of children. The difficulty here is again that too few social agencies appreciate the mental hygiene implications of their own contacts with clients. The adaptation of an institutional program and of a foster home to the requirements of children as a part of a program of child guidance is relatively new. It is encouraging to note, however, that we found a growing appreciation of this problem which in time ought to make this part of treatment by child guidance clinics in the general region of New York City much more effective.

Of all the services and opportunities which the Bureau had to seek for its children outside its own organization none was more frequently needed or more difficult to find than satisfactory *recreation.* With the abundance of settlements, clubs, libraries, playgrounds, and such organizations as Boy Scouts and Girl Scouts, it remains true that the lack of recreational facilities adapted to the needs of particular individuals in New York City is appalling. One of our difficult cases involved a girl of eighteen, personally unattractive, who presented a problem to herself and her family chiefly because she craved friends and was prevented by her unattractiveness from finding them. The Bureau searched in vain for some supervised recreation which would provide her with a measure at least of the fellowship she needed. There are literally no such opportunities available. Another girl of sixteen, truant

from school, personally attractive, eager for contacts with youngsters of her own age, was staying out nights against her parents' wishes in order to secure them. Here again supervised recreation for adults, primarily dancing under decent surroundings, would have furnished a partial solution to her problem. No such facilities were available in the neighborhood.

On the other hand, we were successful in the majority of cases in approximating a solution to the recreational needs of children. An eleven-year-old boy whose father was dead and who lived with his mother and maternal uncle needed opportunities to develop interests of his own which could be largely recreational in character. The child was dull and unattractive and obviously, to the uncle, a nuisance at home. His mother had little enthusiasm for him and had over a period of years placed him in a foster home. The boy had had practically no satisfying experiences in life. He was nagged at home and did poor work at school. As a foundation on which to build it was discovered that while he had no mechanical ability he did good work with concrete material. He liked music and enjoyed singing. Treatment in this case was never completely successful, but some progress was made as a result of contacts made for the boy by the Bureau with the music teacher at school, and with a settlement where music, woodwork, and swimming were available. The boy showed considerable enthusiasm over these settlement contacts, and made full use of the opportunities provided for physical exercise, association with boys of his own age, and training in hand-work.

Illustrations of successful recreational contacts made by the Bureau for the children under treatment could be multiplied. For these contacts we are indebted to the various agencies offering recreational opportunities which we have already mentioned, agencies which collectively reach the need of thousands of more or less normal children in New York

City. Most of these agencies came into existence a generation or more ago, during the period when the needs of city children for special recreational provision were becoming apparent, and thus antedated by many years the establishment of the mental hygiene movement. Mental hygiene, with its emphasis on the importance of providing normal outlets for the normal interests of childhood, of course strongly indorses these commonsense efforts to meet childish needs; but it goes further, for it points out the need for a far more individualized adaptation of recreational means to the peculiar requirements of children and young people suffering from emotional difficulties which hamper them in social adjustment to their fellows. Such close adaptation of means to end in the field of recreation we have found to be almost non-existent.

This latter point might be generalized to apply to almost all of the services discussed in this section as indispensable adjuncts to the work of a child guidance clinic. Such clinics are driving home two important facts to every organization, of whatever kind, which deals with children. The first is that any established routine for children (such as that of the school, the playground, the hospital, the institution, the relief agency) may have important emotional implications for the children. A program directed towards a special need of children may be so administered as to be highly prejudicial to their wholesome emotional development. The second fact is that the practice of mental hygiene, especially in child guidance clinics, is revealing the need for the extension of these old established services, particularly in the direction of the broadening of their programs to meet the special needs of children suffering from emotional unadjustment.

THE TREATMENT OF ATTITUDES

The second type of activity involved in the general treatment of the Bureau was concerned with the changing of

attitudes. When one considers that environment is to a large extent expressed through personality it becomes apparent that lack of adjustment to one's environment is largely a lack of satisfying relationships to other persons. Hence, attitudes become most important focal points of treatment. Changing attitudes in adults through social treatment is a difficult and delicate process. There has probably never been a time in human history when the changing of attitudes has not been undertaken as a task—often a self-assumed task—by some persons. The ordinary methods of changing attitudes are coercion, threats, discipline, exhortation, and appeal. Suggestion and leadership as methods of changing attitudes have had an honorable place in the philosophy of mankind, but a less conspicuous place in practice.

One of the difficulties inherent in the changing of adult attitudes towards children through child guidance is due to the fact that many of the psychological explanations of the conduct of children are unpalatable to the adults concerned. This is due in part to their seeming irrelevance to the obvious factors in the situation, as where a boy's boastful or bullying attitude is held to be due to his feeling of inferiority. Parents with the best intentions in the world have contributed to the difficulties of their children by certain practices of their own. Many a youngster has suddenly emerged as a problem because his parents have tried to keep him a baby. In other cases the efforts of parents to force traditional ideas of discipline, for which they have complete respect, has complicated the emotional life of children. It is a commonplace of mental hygiene that many adults in positions of authority or influence over children are compensating, through cruelty or overindulgence, for certain deprivations in their own lives, deprivations which are frequently now, in clinic records, a matter of history. It is not always easy for parents and others to face the fact that these attitudes of theirs may be contributing

causes of the childish behavior which is giving them concern.

A second complicating factor in dealing with parental attitudes arises because to admit the need for a change in attitude usually implies admission of failure or error on the part of the person holding it. Confession of error is not easy for a human being. When it is realized that mental hygiene deals with issues concerning which the average human being has always regarded himself as authoritative, the tendency to resist the suggestion that one has erred in the handling of these issues is easily explained. It must be remembered that any purely voluntary relationship is maintained by an individual only so far as it yields him emotional satisfaction. Resistance by an adult to the suggestion that his relationship to a child may have unwholesome implications for the child is usually due to his feeling that the suggestion is unsound, which in turn is due to his unwillingness to recognize that a relationship which is emotionally satisfying to himself could be other than beneficial for the child.

In the case of a boy of eleven, whose parents were none too intelligent, whose mother was not well and whose father was more or less uninterested, the Bureau with the acquiescence of the parents decided to place the boy temporarily in a boarding school. The boy had been running wild with a bad record both at camp and school. He was admitted to one of the best institutions near New York City where he made a complete adjustment. What will happen when he is returned to his home is a matter of conjecture. The Bureau had made enough progress with the parents to secure their cooperation in many matters of detail, including the sending of the boy to the boarding school. In the judgment of the staff, however, his conduct was largely the product of their handling of him at home, and their handling of him was probably rooted in their relationship to each other. These

are facts which the parents were unwilling to face and we made no progress in efforts to persuade them to do so.

It is a tribute to the parents with whom we have dealt that so large a percentage of children under treatment have made successful adjustments. One implication of this is that the facts have been presented to these parents in such a way that their more or less natural resistance to them has been overcome. There is no formula for the changing of attitudes. Child guidance, however, has developed some methods of approach to this problem which contribute to the sure-footedness of a person who uses them.

It must be recognized that attitudes tend to become fixed, that attitudes which have become deeply rooted are not ordinarily quickly changed, although when an intelligent person has been unaware of his attitude towards another his response to a suggestion which leads him to realize the true situation may be immediate. At the Bureau we have dealt with some attitudes which were permanently changed in a single interview, with others which were modified slowly over a period of weeks, or months, or years, and with still others which we never succeeded in changing.

It would have been simple enough to take the findings of the Bureau staff, report them to parents or teachers as authoritative, and to point out in an equally authoritative manner what, in the judgment of the Bureau, these persons needed to do in order to solve the problems of the children. No argument is needed to demonstrate that this method could have led only to antagonisms and further complications, just as it always does when put into effect anywhere in human relationships. The alternative is to make such suggestions a matter of joint discussion and to win response to them through the slower process of leadership. As an alternative method leadership is so obvious as to be universally recognized, but its practice is, nevertheless, difficult. In ordinary human

intercourse it calls for patience, insight, and ingenuity. In professional work it calls for all of these and, in addition, for that degree of skill in sustained human relationships indispensable to the handling of situations where one does not start with the advantage of a long, slowly maturing acquaintance with the person needing help.

The procedure of the Bureau in the effort to change attitudes was based upon the assumption that the adult concerned was entitled to as accurate a picture of the effect of his attitude upon the child as the combined services of the Bureau could draw. It was recognized that the attitudes of parents towards their children are frequently so involved with their own emotional problems that they may find it difficult to appreciate the effect of these attitudes upon the children. We therefore endeavored to present this picture in ways which would not antagonize the parent or impair his self-respect, with the hope of enabling him to see that whatever was legitimate in his purpose with respect to the child could probably be better achieved in other ways than those he had been using. This is a formidable task. Equipment for it as a professional assignment must include a thorough mastery of the subject matter of social psychiatry and social case work, a knowledge of those phases of psychology which deal with motivation in human beings, and the development of a creative imagination which gives its possessor a quick resourcefulness in handling face to face situations.

Some typical attitudes on the part of parents are over-indulgence of their children, the fostering of an over-dependence of the child upon the parent, a rigoristic attitude in matters of discipline, and a certain form of selfishness which emphasizes the adult's own conception of the child's obligation to him. Common attitudes on the part of teachers which create difficulties for children are a rigoristic conception of discipline, a tendency to regard all children as representative of types, a

tendency to belittle the achievement of children who present difficulties which are annoying to the teacher, and an assumption that exasperating conduct always has a moral basis. Difficult attitudes are not limited to adults. Emotional problems of many children are traceable to the attitudes of brothers and sisters or of their mates outside the family circle. Some common attitudes of children towards each other are exaggerated criticism which frequently amounts to cruelty, bullying, and a tendency to taunt a youngster who is defective or handicapped in some way.

These are only a few illustrations of attitudes which common experience as well as modern science have established as especially cruel phases of man's inhumanity to man. In dealing with them, one fundamental discovery of psychiatric science is of the greatest significance in determining the approach of the psychiatric social worker in her efforts to change an attitude. This is the theory that every act on the part of a human being serves a purpose for him. The purpose may not be a conscious one, but the act is an effort of his personality to secure an emotional satisfaction which he wants. This fact frequently makes it possible to approach a parent, whose handling of his child is at least partly responsible for the child's difficulties, by discussing with him just what it is he wants to accomplish for the youngster. Repeatedly we have found that discussion starting from this point will soon arrive at the point where the parent realizes that the methods which he has been using are not bringing the result he wanted. This realization is the first step towards a change in attitude.

It is often true that the methods which the parent has followed originated in a sincere desire to do well by the child. Ignorance, impatience, fatigue, lack of time, and a score of other factors influencing parent or child have combined to make the child's response unsatisfactory. He becomes unruly, or sullen, or disobedient. The parent's ingenuity is not equal

to these developments and he falls easily into an attitude of resentment and a desire to place responsibility for the whole situation upon the child. Once a parent can be brought to realize that his own purposes with respect to the child cannot be achieved through his methods, it is possible to discuss with him other ways of meeting the situation which might have that result. At this point, the constructive suggestions of the social worker are based upon the further assumption that the behavior of the child is no less purposive for him than was that of the parent; that the youngster's temper tantrums, his disobedience, his sullenness, are ways of meeting certain psychological needs which, consciously or unconsciously, he thinks cannot be met in other ways. Suggestions, therefore, are directed towards alternative outlets for the child which will enable him to meet his emotional needs in more wholesome ways.

It cannot be too strongly emphasized that an attitude is usually a slow development, that it serves a definite psychological purpose for the person who adopts it, and that it usually has a valid basis, that is to say, that the circumstances out of which it grew justify much of what enters into it. All of this makes it essential that those whose professional obligations involve frequent efforts to change attitudes in other persons must base their whole procedure upon the assumption that the person concerned has a reason for his attitude which has some validity. Any time spent in denying this not only operates against success, but tends to even greater fixity on the part of the other person in his established point of view.

Another important assumption is that few people are willing to accept ready-made behavior programs from others. They prefer to formulate their own.

Self-conviction on the part of any individual is, moreover, much more likely to bring about a permanent change of attitude than acceptance of the suggestions of another person because they are authoritatively given. The professional

effort to change attitudes, therefore, must be firmly grounded upon the endeavor to handle the whole discussion so that the other party to it will arrive, as a result of his own thinking and his own conviction, at his own conclusions. In the work of the Bureau the consistent effort of the staff was to make the search for explanations of the difficulties of children and others a joint one participated in both by the persons concerned and by the Bureau representatives. This method is time-consuming, but in the long run it secures results in terms of changed attitudes more permanent than an authoritative presentation of explanations on the part of our own workers could have achieved. Nor is subterfuge or deceit involved; on the contrary, results are most safely and effectively accomplished when there is entire frankness on both sides. On the part of the social worker, frankness is indeed a professional obligation.

This procedure of participation calls for no small degree of skill. It involves now a subtle suggestion that the parent recall his own childhood as a way of interpreting the conduct of his own youngster in the light of similar experiences when he was young. It involves again the suggestion that the parent recall other situations which he has handled so successfully that troubles like those of his youngster did not emerge. These are simple illustrations of the kind of resourcefulness in face to face contacts which a psychiatric social worker must exhibit in order to promote a wholesome facing of the facts by his clients and other interested persons through the route of self-conviction rather than through compulsory acquiescence.

One of our youngsters was an eleven-year-old girl of dull mentality, living with her father, step-mother, and their two small children. The parents considered her disobedient, stubborn, and hopelessly bad. From the information available to the Bureau it seemed reasonable to conclude that the step-mother, perhaps without realizing it, was jealous of Helen.

She identified the girl with her mother, her own predecessor in the home, comparing them frequently in a disparaging way. She was apparently sensitive to possible criticism of her part in playing the role of step-mother which might indicate that she had failed with Helen, for she made with pride such statements as that she had never expected Helen to do rough work. The social worker felt that in her feeling of insecurity with respect to the child, the step-mother really derived considerable satisfaction from belittling her.

The effort to change the attitude of Mrs. Stanford was made over a long period of time and was largely a quiet but persistent emphasizing of certain factors in the home situation as a whole, which might in the long run lead her to see some of the implications in it which were not apparent to her. The social worker endeavored to make the step-mother see that she was interested in Helen, the step-child, and in Mrs. Stanford's own children as well. She, therefore, tried not to single out Helen for special interest. She discussed child training with the step-mother who had applied it to her own children as well as to Helen. The mother's statement that she herself knew how to raise children was accepted at its face value, the worker getting Mrs. Stanford's point of view and then making her own contribution. Where the worker's suggestions were at variance with the mother's, she made no effort to emphasize the difference.

Discerning Mrs. Stanford's sensitiveness to her position as step-mother the social worker at intervals stressed the difficulty of the step-mother's job. Motherhood itself is a formidable responsibility, but step-motherhood seems to be even more formidable. They discussed together the value of being a good step-mother and agreed that a woman who was successful at it was responsible for no small achievement. The worker, throughout her talk with Mrs. Stanford, always expressed her belief that Mrs. Stanford had it in her to suc-

ceed with this difficult undertaking. Since Helen seemed to have had no share in the family life, the worker met the step-mother's boast that she had never expected rough work of Helen, by suggesting that every child, as a part of his training, should have some responsibility about the home.

The parents were not well-educated, a fact which Helen realized. Although failing at school herself, she took the attitude that she knew as much about lessons as they did. They, on their part, were chagrined by her failure, especially with arithmetic, and they had made it the theme of many acrimonious discussions with her. The social worker admitted the exasperating implications of Helen's failure at school but suggested to the parents that she might more easily make it up if it were possible for her to get some sense of progress and some encouragement. The social worker, therefore, pointed out to the mother the possibility of correlating in her talk with Helen the arithmetic which Helen disliked with the sewing which she enjoyed doing, adding an explanation to Helen that in order successfully to make dresses she must be able to do arithmetic. The worker suggested further that the step-mother encourage Helen with her lessons rather than condemn her for her failure, and introduced the mother to a device for teaching the multiplication table which she might be able to pass on to Helen.

This persistent effort on the part of the worker to give Mrs. Stanford a stake in the treatment of Helen, resulted, over a period of weeks, in a distinct change of attitude on her part. She no longer continually emphasized Helen's deficiencies, she took an interest in encouraging the girl and working out plans for her, she seemed to be increasingly identifying herself with Helen's success instead of identifying Helen, in her failure, with the first wife.[1]

[1] For discussion of leadership as a factor in dealing with attitudes see Chap. IX, pages 245-251.

THE MINUTIAE OF TREATMENT

It will be apparent from the foregoing discussion that the critical moments in psychiatric social work come in the face to face contacts of the worker with the persons who are a part of the case problem. A well-trained social worker brings to these contacts a knowledge of the subject matter of human personality and human behavior, of the social environment of human beings and the effects of interplay between the two. If any bit of successful social treatment is analyzed, however, it will be seen that its success lies not only in the use of the facts and concepts of psychiatric and social science, but quite as much in an ingenious and imaginative use of a multitude of minor devices, emphases, suggestions, etc., which collectively have furnished the basis of an effective relationship between the worker, the patient, his family, and others.

Laurence Sterne, in one of his novels, wrote: "I can see the precise and distinguishing marks of national characters more in these nonsensical minutiae than in the most important matters of state." In child guidance it is in the minutiae of treatment that success or failure frequently lies. In the story given in the preceding paragraphs, a good deal hinges on the success of the worker in convincing Mrs. Stanford that she had a stake in Helen's success at school. It was an inspired bit of social case work in which the social worker passed on to Mrs. Stanford a device for learning the multiplication table which she in turn could pass on to Helen. The worker might have given this device directly to Helen with the suggestion that it might help her to do better work in arithmetic and thereby lessen the criticism she received from her stepmother. She would, thereby, have lost an opportunity to provide a concrete way by which Mrs. Stanford could herself be of service to Helen and feel thereby a greater interest in the girl's success. In itself the incident is insignificant, but

by a succession of such incidents is good social case work in its face to face contacts constructed.

In another case the difficult behavior of a boy was traced in part to the fact that, although he was left-handed, the school was compelling him to use his right hand in writing. There were many other difficult factors in the situation, among them a lack of sympathy between the boy and his mother. In a program which covered a wide range of purposes and procedures, there were included two significant items. The school was persuaded to allow the boy to use his left hand in school work, and a blackboard was secured at home with the aid of which the mother, in the evening, could help the boy with his penmanship, thereby contributing not only to his recovering ground lost at school but also providing an opportunity for the sharing of a common interest between the boy and his mother.

In another difficult situation, centering largely around the insecurity of the mother, which made the handling of her children wrong at almost every point, the social worker found the family one day in the process of moving after having been evicted from their former home. Half the rent in the new home had been paid by a charitable society. The landlord refused to allow the moving to go on until the balance was paid, and there was no money to pay it with. The place was in chaos. The mother was harassed, angry, shouting. The children were nervous and cowed, the father was sitting helplessly doing nothing. The social worker from the Bureau offered to go to the charitable society in an effort to secure from them the balance of the rent if some member of the family would accompany her. It was assumed by all concerned that the man would go. The worker, however, suggested that the woman go in the hope that escape from the bedlam of the household for an hour might be a refreshing experience. It proved to be just that. This again was a

minor incident in the whole story of our family, but it once more suggests the kind of ingenuity in face to face contacts on which successful treatment is largely built.

In one of the Bureau families there were two sets of children, the mother having been twice married. It was a forlorn sort of home with conflict between the parents and amongst the children. Among the latter was a young baby. Two problems in this home were the lack of a baby carriage and the lack of any cooperative spirit on the part of the members of the family. The family as a whole were rather more conscious of benefits which would accrue from the possession of a baby carriage than they were of those that might follow from a more cooperative spirit. The latter, however, had seemed to the Bureau an almost indispensable starting point for its plan of treatment. A relief society presented the family with a broken-down baby carriage. It was far from presentable and more or less increased the forlorn aspect of a home which was anything but cheerful. A resourceful social worker seized upon the decrepit baby carriage as a possible entering wedge for an ambitious program for more cooperative family relationships. She discussed with the children the possibility of making a presentable vehicle out of the baby carriage, considering with them prices of material and the possible assignment of parts of the job to different members of the family. As a result of the suggestions, the children undertook the task and on the worker's next visit proudly presented for her inspection a most attractively repainted, re-upholstered baby carriage. The factors responsible for the attitudes within this family group were deep-seated and no permanent change was ever made in the family. The discussion of the satisfactions which followed this one bit of cooperative effort was, however, the starting point for a definite change which did ease the immediate situation. We present this is an illustration of the transforming of a trivial

incident in family life into a useful item in a program of treatment through the resourcefulness of a social case worker.

In another case a young girl, at odds with her step-mother and feeling that she had no assured place at home, was misbehaving. The step-mother was more or less resentful of the girl's attitude. Among her complaints was one against the girl's spending her allowance for unwholesome candy. Part of the treatment in this case was an attempt to get the mother to change her attitude towards the girl. It seemed necessary in order to accomplish this that a way be opened whereby the girl could feel a sense of satisfaction in her relationship to the step-mother. Again we have an absurd minor incident in family life so handled by a resourceful worker as to contribute to the achievement of a deep-seated purpose. The social worker provided the mother with the necessary instructions for making candy at home with the suggestion that she permit the girl to learn how and share her product with the entire family. The plan worked.

One of the Bureau's cases was a girl living with her married sister. The brother-in-law somewhat resented her presence in the household, resentment which the girl felt and which increased the feeling of insecurity that lay at the foundation of her difficulties. The brother-in-law's resentment was considerably modified by the suggestion that the girl, if permitted to do so, would be glad to take care of the baby in the evening so that he and his wife could go out. It was still further modified by the girl's offer, made at the suggestion of the worker, to turn her own interests in needle work into the manufacturing of a new wardrobe for the baby's doll.

The minutiae of treatment as we have described them are again illustrated in the work of the Bureau with the Kantor family. The parents are Jewish, the father Russian and the mother Rumanian. The oldest of the three children, Amos, aged eleven, was the Bureau's patient. Both the father and

mother had had hard lives with many deprivations. Both were uneducated before coming to the United States. The man was ambitious; he worked hard at his trade as tailor, which brought him into contact with Americans, and he had early learned to speak English. The mother's work since marriage had kept her at home and she had had little time for education so that when she came to the Bureau she knew so little English that she could only be interviewed through an interpreter.

When the man and woman were married she, as a Rumanian, felt slightly superior to him. Later, however, with his night-school education and his knowledge of English, both realized that he had gone ahead of her and when they came to the Bureau the man openly and scornfully criticized his wife's lack of education and her housekeeping. Mrs. Kantor stated that when they were married she liked her husband but that now she loves him. He, however, does not love her. Before they were married, according to Mrs. Kantor, Mr. Kantor called her "horrid names" and then was sorry; "now he calls her horrid names and does not care."

The children were the father's interest. To be sure he beat Amos, the oldest son, but that was because he identified himself with the boy and wanted the latter to be perfect. The mother was jealous of the children. She believed them to be like the father. Already Amos, the child least liked by the mother because of the father's interest, looked down upon Mrs. Kantor because she was so un-American. The mother said that she had no pleasure in life beyond seeing that her children had good times.

This case had been under treatment several months when a new worker, calling, found it difficult to understand the mother because of the language difficulty. The conversation led into a discussion of the use of English and it became apparent that the mother's resentment and lack of security

were intensified by her inability to speak the language. It would have been possible to arrange English instruction for the mother through some agency outside the home. The worker believed, however, that if she took the time to give the mother some lessons in English herself, she would be able to gain a better understanding of some of the factors in the home situation which, up to that time, had been obscure.

Some light was thrown upon the mother's acute feeling of inferiority to her husband when, in response to the worker's query, she refused to ask his assistance with the English lessons. The lessons were well under way and the mother unmistakably eager to make progress. The social worker, however, was fearful that the superior attitudes of Mr. Kantor and the children would discourage her. The worker decided to attempt to enlist Mr. Kantor's interest in his wife's progress. He was quite indifferent. He stated that his wife really had no time for activities other than those connected with the household and the care of the children. He doubted her ability to learn English. The worker sought for a basis upon which this point of view of Mr. Kantor might be changed. She was aware that he was deeply interested in giving to his oldest son every opportunity which the new country offered and she, therefore, began to picture to him the advantages to Amos of living in an environment where only English was spoken. This suggestion caught the father's imagination. He showed considerable interest in the matter and finally decided that the English lessons were desirable.

The problem was not wholly solved. During one of the mother's lessons Amos showed a tendency to answer questions addressed to her and to assume a somewhat superior attitude. The mother, obviously irritated, remarked, "Oh, yes, he knows more than his mother." The worker managed to get them past this crisis by calling attention to the fact that this was natural since Amos had been attending school and

had had opportunities denied to his parents. Later the boy was seen and the worker was successful not only in modifying his attitude towards his mother's efforts but also in enlisting a mild interest on his part in helping her.

Later Amos, coming in during the progress of a lesson, showed a real interest in his mother's improvement despite a tendency to supply words before she could think of them. On this occasion the worker discussed teaching methods with both of them, suggesting that teachers are more successful when they give pupils a chance to think things out for themselves. He was told how to instruct his mother in writing and the worker went on to say that a good teacher guides the pupil, lets her criticize her own work and lets her find out some things for herself. The boy was interested and thereafter became a really helpful factor in the process.

Due in part to the English lessons the tension in the Kantor family relaxed. The mother came to feel somewhat less inferior to her husband as well as to the children. Amos quite evidently became her teacher as well as her son with helpful rather than injurious implications for both. Certainly Mrs. Kantor seemed to be able to identify herself with him in his success as a teacher. Amos quite evidently gained some satisfaction from his ability to help his mother and from his consequent feeling of success in the home, a feeling which he had badly needed. Sometime later Mrs. Kantor remarked to the Bureau worker in English, "Before I knew the Bureau I used to hate; now I don't hate any more."

Chapter V

THE LEADING RESULTS OF THE DIVISION'S ACTIVITIES IN CHILD GUIDANCE

IT WAS explained in the introduction that the purpose of this report is to present a descriptive account of the activities of Division I of the Commonwealth Fund program. The preceding chapters of Part I have discussed the child guidance work at the Bureau in some detail. The results of the child guidance program are indicated, at least by implication, throughout this discussion. In the present chapter are discussed some results of the work of the Bureau which seem to have special significance.

THE SUCCESS OF CHILD GUIDANCE

It has already been indicated that, in the judgment of the staff, approximately three-fourths of the cases which were carried through treatment at the Bureau were successful or partially successful. It has also been stated that an effort was made to check this judgment of the staff by an impartial estimate of children's progress under Bureau treatment as seen by the parents of the children concerned. The staff estimate was based upon a special study of one hundred ninety-six cases, representing all cases carried through the treatment period in the groups numbered in the Bureau files from two hundred to two hundred ninety-nine, and from five hundred to six hundred ninety-nine. The family appraisal was based upon special conferences with the parents of sixty-one children representing all of the cases carried through the treatment period in the group numbered from six hundred to six hundred ninety-nine, with the exception of ten in which,

for various reasons, the parental appraisal could not be secured.

The complete results of these appraisals are as follows:

Staff Appraisal		*Distribution in Terms of Family Appraisal*		
		Success	*Partial success*	*Failure*
Success	33	23	7	3
Partial success	20	11	9	—
Failure	8	—	5	3
	61	34	21	6

Family Appraisal		*Distribution in Terms of Staff Appraisal*		
		Success	*Partial success*	*Failure*
Success	34	23	11	—
Partial success	21	7	9	5
Failure	6	3	—	3
	61	33	20	8

Staff appraisal of the one hundred ninety-six cases carried through treatment in the group of three hundred specially studied is as follows:

	Number	*Per cent*
Success	93	48
Partial success	61	31
Failure	42	21
	196	100

If we assume that the one hundred ninety-six unselected cases studied are fairly representative of the work of the Bureau as a whole, the percentages of the five hundred ninety-one cases carried through treatment which were successes, partial successes, and failures would be approximately those given above. Even if this cannot be assumed—since about

two-thirds of the one hundred ninety-six cases were taken under care during the later years of the Bureau's activity, when, as noted elsewhere in this chapter, successes were more frequent than in the earlier years—it yet seems highly probable that, had the same methods of appraisal been applied by the staff to the entire five hundred ninety-one cases, a large majority would have been found to be successes or partial successes.

We discuss later the details of this method of evaluation and its significance for social work. Assuming its validity as a method, what is the significance of these figures?

In the judgment of the staff, the most significant conclusion to be drawn from these figures is that they justify faith in the possibilities of child guidance. We have several times stated in this report that the cooperation of parents and teachers was as definite a factor in the improvement of children as was the leadership of the Bureau. We have also stated our belief that many of these children might have achieved a successful adjustment without the interposition of any outside agency. The fact remains, however, that in practically every instance, parents, teachers, and frequently social workers, physicians, and others, had endeavored unsuccessfully to deal with the problems of the child. It is not too much to suggest that in the majority of instances these available treatment resources had failed. Child guidance is still too tentative an experiment to justify any stressing of cause and effect in all details of its work. Nevertheless, it is the conviction of the staff that so far as the Bureau experience goes, it indicates that in the majority of instances conduct problems in children which cannot be successfully handled by other means can be handled with some measure of success and frequently with complete success, by a child guidance program under competent administration.

The foregoing figures suggest that over one-fifth of the cases treated at the Bureau were failures. This may seem to

some critics a high percentage of failure. The Bureau staff, however, was prepared for a higher percentage of failures. When one contemplates the implications of emotional unadjustment in human beings which are graphically portrayed in such end results as insanity, delinquency, cruelty, and the demoralization of misfits, one might be justified in believing that any program which promises a substantial measure of adjustment to children having emotional problems in not more than one-half of the cases treated is abundantly justified.

Of the cases studied in the staff appraisal, one hundred were admitted to the Bureau during the early years of its activities. The other two hundred were admitted during the later years. The proportion of failures and partial successes is much greater in the former group than in the latter. After allowing for every other factor in the situation, such as changes in personnel, it seems logical to conclude that child guidance as practiced by the Bureau staff increased in precision, in penetration, and in general effectiveness, as the Bureau program developed. We believe this to be the experience of other agencies in the field of child guidance. It suggests that child guidance is rapidly becoming more efficient. If this assumption is sound, it is reasonable to expect that child guidance clinics will steadily increase the percentage of successes among the cases treated.

We believe that this development is clearly indicated by the experience of the Bureau. It would, however, be unfair to expect a rate of improvement in the methods of child guidance which cannot be achieved. Child guidance is dealing with factors which, as yet, can neither be isolated and recognized like disease germs, nor controlled with precision like calories. They are recognized chiefly through their manifestations. Enough is known about them to warrant some certainty with regard to their significance for the human personality. In large measure, however, we are dealing still

with hypotheses rather than with proven facts and established relationships between facts. It may never be possible for science to isolate the fundamental phenomena of emotional life. Cumulative experience in dealing with their manifestations, however, should give us an increasingly solid ground on which to stand. As one contribution to confidence in such a development, the Bureau presents its belief that the number of cases in which it achieved success was substantially more than those in which it failed.

EVALUATION OF THE RESULTS OF SOCIAL TREATMENT

The method of evaluation discussed in the preceding paragraphs has a further significance which justifies separate comment. Social agencies which deal with individuals are increasingly aware of the difficulty of evaluating their results. Thus far, this difficulty has seemed to be inherent in the nature of the problems with which such agencies deal. Some effort at evaluation has always been made. Every reputable agency doing social case work, for example, has been able to tell at any given time how many cases it has had under treatment, what the leading problems presented by these cases have been, and in general what methods of treatment have been followed.

This method of studying the results of social case work, however, has been increasingly distrusted by the agencies themselves because, despite its value so far as it goes, it is likely to be misleading without some evidence of the effects upon the clients of the agency which its treatment efforts have produced. Thus far, it has seemed impossible to present statistically the results of social treatment. The data of social adjustment cannot, as yet, be accurately measured and added.

Nevertheless, social agencies have made efforts to appraise the results of their work in qualitative terms. The accept-

ance by an agency of definite standards of achievement and of definitely established methods of work is an indication that within the minds of social workers, at any rate, an evaluation process is going on. Originally, a case work agency justified its work before the community solely in terms of faith in its program. A reputable agency tends constantly to substitute faith in its results for faith in its program. An agency's faith in the results of its work is not, in these days, based altogether on assumption. It is based largely on evidence of the value of its work. The first attempt to get away from sheer faith in a program as justification of the work of an agency led to an effort to show results largely in terms of illustrative cases. One successful case is in itself evidence of success. Social agencies, however, long ago realized that their programs must stand or fall by the percentage of success in their work as a whole, and they are now engaged in efforts to find ways of measuring total results rather than of indicating those results through the use of illustrative cases.

To this effort, on the part of agencies engaged in social treatment, we believe that the Bureau has made a distinct contribution. We were not able to devise any objective measure of the factors which enter into child guidance which could be applied to our cases in such a way as to make a statistical presentation of results. We, therefore, abandoned any such effort and endeavored to devise other methods of establishing evidence which would at least indicate the measure of success achieved. The Bureau was not unlike other social agencies with respect to this problem. Its establishment was justified by faith in its program. As the staff became aware of the results of its treatment in behalf of problem children, there grew up in their minds a definite faith in those results to reinforce their original faith in the program. Our evaluation problem then became one of indicating the basis of this faith in our results. As a first step,

a critical study by the staff of a group of unselected cases was determined upon. As has already been indicated, this group included all of the cases numbered from two hundred to two hundred ninety-nine and from five hundred to six hundred ninety-nine in the Bureau files.

In this group of three hundred cases, there were one hundred ninety-six which had been carried through the treatment period. The Bureau's data on these cases were compiled in three separate forms of record, all of which were considered both in treatment and in the staff evaluation. The first compilations were the case records themselves, which were, as case records, unusually complete. The second compilations were certain diagnostic and progress sheets, kept currently in the treatment of the cases, which recorded briefly the problems defined by the staff, the treatment undertaken, and the progress or lack of progress noted. The third was a special analysis[2] in which all of the data regarding the patient and his environment were classified so as to indicate whether each item in his history, as we had become aware of it, seemed to have either a favorable or unfavorable significance in the problem of his adjustment. Each of the one hundred ninety-six cases was reviewed by the staff in the light of these compilations of data and in the light, also, of their acquaintance with the case; and, as a result of the review, each case was classified as successful, partially successful, or failure.

The tests which the staff applied to the one hundred ninety-six cases included in its appraisal were roughly these:

1. The adjustment of the child himself.
2. The adjustment of the parents to the child's problem.
3. The adjustment to that problem of any other strategic persons in the environment of the child, the most important of whom was usually the school teacher.

[2] The ego-libido analysis. See footnote on page 104.

When all three of these adjustments seemed to have been made with reasonable satisfaction and reasonable promise of permanence, the case was classified as successful. When at least one of them was made with some reasonable hope of permanence and some promise, at least, of better adjustment for the child, the case was classified as partially successful. When no one of these adjustments was achieved, or one or more of them was achieved in so tentative a fashion as to leave no hope of permanent adjustment of the total situation, the case was classified as failure.

We next gave consideration to possible ways of checking this judgment of the staff. It seemed reasonable that if a parallel judgment made by the parents of the children could be secured, it would have checking value. It seemed reasonable, also, that a similar check might be made by securing the judgment of school teachers in cases of children in school.

The method of evaluation suggested by these two appraisals is obviously an indirect one. It does not provide an actual measurement of success in the individual case, but is rather a measurement of the opinion regarding success held by persons in a position to form an opinion. As such it could never yield evidence which could be scientifically conclusive. It is clear, however, that it does provide a basis for estimating success in terms of the weight of opinion, which is a method not without respectability in the scientific world.

Up to the time of preparing this report, it was possible to carry out only one of these checking appraisals and this was a partial appraisal only in that it did not cover all the one hundred ninety-six cases covered by the staff study. In the group of cases numbered from six hundred to six hundred ninety-nine there were seventy-one which had been carried through a period of treatment. Parents of sixty-one of these children were interviewed. In the remaining ten cases, it was not possible to interview the parents. In some instances

this was because they had moved and we had no records of their addresses. In other cases the children were in institutions, sometimes as part of the Bureau's treatment, and while the parents were aware of their progress they had no first-hand evidence of their own on which to base a judgment. There remained sixty-one children in this group whose parents were interviewed by one person, a competent social worker trained in mental hygiene at the Bureau but not a member of the staff and, therefore, not a party to the staff appraisal of these cases.

In this family appraisal the effort was solely to secure, through an interview with at least one parent of each child, as accurate an estimate as possible of the parents' feeling as to the child's progress. The conversation with the parent was then considered in the light of his statement of the problem at the time the child was referred to the Bureau. If the parent seemed to feel no reservations regarding the child's improvement, the case was classified as successful. If the parent seemed to recognize partial, but incomplete improvement, it was classified as partially successful. If the parent recognized no improvement whatever, it was classified as failure.

It will be noted that in the table at the beginning of this chapter the staff appraisal and the family appraisal approximately agree. We should be more ready to draw inferences from this fact had we been able to undertake the other checking study suggested. In view, however, of the conditions under which these two appraisals were made, we believe that the approach to agreement between them tends to reinforce our judgment as to the ratio between success and failure in the Bureau work.

This statement is made with caution and with some definite reservations in mind. In the first place, as we have indicated throughout this report, we believe that such success as was achieved in these cases is largely due to the leadership of the

Bureau. We recognize, however, that other factors, notably the responsiveness of children, parents, and teachers, played their parts in the results. In the second place, it is recognized that these evaluations were the result of ex-parte judgments. The staff appraisal was made by the group which did the work and the group which had the greatest professional stake in the results of the whole experiment. The parents' judgment of the children's progress was made by the group having the greatest emotional stake in the children themselves and the group, moreover, closest to their situations. Furthermore, as recorded in the foregoing tabulations, the judgment of the parent appears as it was interpreted by another person. To the disinterested critic, therefore, wishing to know to what extent the Bureau of Children's Guidance was successful, these appraisals would have as much validity as he was willing to concede to the credibility of the groups which made them.

One further comment should be made. These appraisals were undertaken just prior to the closing of the Bureau. They were conclusive, so far as such judgments can be conclusive, as of the date when they were made. Recent opinion regarding some of the cases would change the classification. Some failures are now apparently successes, some successes are now apparently failures. All of which illustrates one of the recognized weaknesses of this method of evaluation.

So far as we know, this method of evaluating and checking results in social case work has been used only within the Commonwealth Fund program. The program has been carried on by groups of persons many of whom have for years been working in the field of social treatment. They have conducted a search for methods of evaluation which has led from justification of effort in terms of faith in one's program through justification of effort in terms of results in illustrative cases. In the method of evaluation which is here described they have found an additional body of evidence of the results

of their work. We believe it to be sufficiently sound and significant to justify a mention of it as one of the contributions of the five-year program.

ORGANIZATION OF PROFESSIONAL EFFORT IN CHILD GUIDANCE

The professional equipment of the Bureau of Children's Guidance, like the equipment of most child guidance clinics, included psychiatrist, psychologist, and social case worker with the psychiatrist in the position of leadership in the handling of cases. These three professions are among those which have historically been concerned with problems of human adjustment. A complete list of professions so concerned would include the clergy, the lawyer, and the teacher. Traditionally each of these professional groups has been concerned with problems which distinguish its field from the fields of the others. Roughly speaking and until quite recent times, each of these practitioners confined himself to his special problem rather strictly defined. The physician was concerned only with the strict manifestations of disease, the teacher with the imparting of knowledge, the social case worker with the relief of suffering, the clergyman with spiritual needs, etc.

At some point in its development, never chronologically defined, each of these professions in turn became aware of the broader implications of its service. The human being ceased to present himself to each in turn as something to be taught or cured or helped or punished or saved; he began to take form as a unified personality. The discovery by each of these established professions that its function was not only to practice an art but also to treat a human being led to the belief by each of them that it could no longer confine its attention to those aspects of human need which lay directly within its field, but that it must take account of the whole man.

The inevitable result was a broadening of the sphere of interest of each of these forms of interest. In the field of education, for example, we find a growing recognition that the educational process involves some concern by the educator with the mentality of the pupil, his health, and even his economic status. Similarly we find a growing recognition in the medical profession that the treatment of disease, if it is to be successful medically, involves other professional services than those of the physician.

This development is concretely illustrated by the extension of administrative agencies in such fields as the legal, the educational, and the medical to include a variety of professional services. Courts which deal with criminal and children's cases now include psychiatrists and general medical service and the service of social case work. The educational system includes psychiatrists and general medical service, psychological service, and the service of social case work.

This general development is regarded as sound in that it provides for more efficient treatment in every field. One of its by-products, however, has been to break down in many places the lines of demarcation between these various professional fields. It is less easy than it once was to determine when the service of one of these professions should cease and another begin. It is inevitable that in this situation we should find practitioners in some fields undertaking the treatment of problems for which they have had no special training. It is easy to see that since every practitioner is human a certain inevitable pride of status should create some difficulties of adjustment in those administrative situations where professional lines seem crossed.

The services of psychiatrist, psychologist, and social case worker have been included in child guidance programs because each has seemed to have something essential to contribute to such programs which the others are not qualified to contribute.

We believe that within the organization of the Bureau of Children's Guidance these three services were successfully correlated. This success was due to five assumptions:

1. That each represented a valid experience in the field of human adjustment implying an authoritative contribution which is indispensable in child guidance.

2. That the practice of psychiatry, psychology, and social case work respectively, overlap each other and that no sharp dividing line can be drawn at the present time between their respective fields.

3. That the division of responsibility among these three services in child guidance clinics must be an arbitrary one representing an administrative division of labor rather than a scientific division of labor based upon completely logical distinctions in their inherent functions.

4. That the practice of child guidance by the joint efforts of these services correlated on this basis may quite possibly in time develop a distinctive form of professional service the equipment of whose practitioners will represent a combination of the present equipment of all three.

5. That in view of the more substantial training of the psychiatrist and the greater penetration of psychiatry into the problems of human personality, the psychiatrist should, for the time being at least, take the leadership in child guidance.

It is a satisfaction to record that the staff never lost sight of the full implications of these five assumptions. We believe that the success of the Bureau is due in no small measure to the effective correlation of the three services, and that it secured as near an approach to the maximum contribution of each as was humanly possible. It is our conviction that any attempt to find at the present time a logical dividing line between these three services in behalf of human beings in need of adjustment will retard the development of child guidance; and that any program designed to help human beings to achieve emotional adjustment which fails to take

full advantage of the contribution of each of these services will fall short of the possibilities inherent in this movement.

THE PROMISE OF MENTAL HYGIENE

The significance of mental hygiene not only to persons in more or less acute states of emotional unadjustment, but to mankind in general is rapidly being accepted. It is the hope of the personnel of Division I that the discussions of this report will reinforce this acceptance. In concluding this section of the report, we wish to point out what seems to us the greatest promise of mental hygiene as a movement within the broad field of human adjustment. Other forms of effort in behalf of persons in need, medicine and social case work for example, are steadily enriching their treatment programs. Most of these programs hold out to the individual the promise of assistance in extricating himself from his immediate difficulties. Medicine may assist a patient through a siege of typhoid fever. Social case work may assist a family through a period of acute distress due to economic failure or to domestic friction.

Mental hygiene likewise may assist an individual through a period of unadjustment. In one important respect, however, its contribution is a more substantial one than that of any other form of treatment. For if, in the process of assisting an individual to an emotional adjustment, mental hygiene achieves its full purpose it has contributed to him something which may not only help him through later periods of emotional stress, but which may enable him to avoid such experiences. Ideally, the contribution of mental hygiene to the individual is a contribution to his equipment for meeting the emotional contingencies of life. Conceivably, then, successful treatment by mental hygiene agencies will in time eliminate the necessity for such agencies. It is too much to hope that within any measurable time in the future any such results

will be achieved. Nevertheless, the implications of the mental hygiene program are clearly in line with such a conceivable development. Indeed the recognition of this fact is implied in the very tests which we have spoken of as having been applied at the Bureau by the staff in measuring its success. Success at the Bureau of Children's Guidance meant some permanent help to troubled children and troubled parents by the use of which they might hope in the future to avoid unwholesome relationships to each other.

We do not belittle the preventive aspects of all good social work and of good medical treatment. We believe, however, that the outstanding promise of mental hygiene lies in the practical attainment of a high degree of prevention in its characteristic methods of treatment.

PART II

EDUCATION FOR PSYCHIATRIC SOCIAL WORK

Chapter VI

THE EDUCATIONAL PROGRAM OF DIVISION I

THE function of Division I of the Commonwealth Fund program in the field of education was to prepare students for psychiatric social work as practiced in child guidance clinics and in other psychiatric agencies and to give students preparing for other fields of social work a working knowledge of social psychiatry. Prior to the establishment of the Commonwealth Fund program, the New York School of Social Work had included both of these functions in its program. It had maintained a Department of Mental Hygiene at the School which provided courses in this subject matter and it had used clinical facilities in New York City for the field training of students. The new elements provided by the Commonwealth Fund program consisted of the unusual field work opportunities offered by the Bureau of Children's Guidance and the provision of scholarships for social workers of experience who wished to take special training in mental hygiene. The coordination of the instruction provided by the School and the field facilities offered by the Bureau was further emphasized by a single budget covering both. The Commonwealth Fund, throughout the period of five and one-half years, financed both the Bureau of Children's Guidance and the Department of Mental Hygiene at the New York School of Social Work, including the provision of fifteen full maintenance fellowships.

OBJECTIVES OF TRAINING FOR SOCIAL WORK

The general objectives of the New York School in professional education for social work may be defined as follows:

1. To familiarize students with the subject matter of the field of social work: its facts, concepts, formulations of experience and established procedures.

2. To stimulate the thinking of students in regard to purpose, goals, meanings—in general, the philosophy of the field.

3. To develop in students facility and precision in the application of knowledge and philosophy to practical situations.

In the working out of these objectives during the history of the New York School certain general problems have emerged, some of which were a part of our experience in providing the training called for by the Commonwealth Fund program. One of these problems concerns the proper division of a student's time between class work and field work. The practice of schools of social work in the United States differs. In some, a larger portion of time is spent on field work than on class work. In most schools the reverse is true. The New York School for some time has held to the policy of assigning approximately half of the student's time to class work and half to field work, and this policy was followed with all of the students whose training was a part of the five and one-half year program.

Diversity in the training program represents another problem. The subject matter of social work, including mental hygiene, which it is now possible to offer students as having definite educational value, is so broad in scope, so substantial in character, that it cannot all be covered by any one student in two academic years, much less in the equivalent of one academic year which is substantially the time available in a curriculum half of which is devoted to field work. It is possible to offer in certain subjects, such as community organization, social case work, and mental hygiene, enough work to leave the student little time for other subjects. In constructing programs for individual students, the School is guided largely by the practical demands to be met by these

students when they later take positions as social workers. One of the outstanding facts regarding positions in social work is that such positions are practically always within organizations. There is almost no free lance practice of social work analogous to the practice of medicine. Furthermore, social agencies almost without exception are subject to the demands made upon them by communities. They are also supported by constituencies with more or less vaguely defined expectations regarding the results which social agencies should achieve.

Again, social agencies in endeavoring to deal adequately with the problems presented to them become increasingly aware of new aspects of these problems, of the need for the new understanding on the part of the general public or of strategic groups within the community, and frequently of the need for the development of new forms of effort in order to meet adequately the problems of social maladjustment. The implications of all this are that the social worker must be equipped not merely to practice social case work with unadjusted individuals but to study the problems presented to social case work in order to contribute to higher standards of work and to provide community leadership whenever the extension or adaptation of community facilities becomes necessary.

It is not enough, therefore, that the social worker be master of the one subject most nearly related to his future practice; he must be able to practice social case work in a given setting, to relate his work to the efforts of others, and to strengthen this by an adequate understanding of the implications of such relationship.

The foregoing discussion has probably made it clear that the School recognizes the importance of combining in its students' programs adequate specialized training in one field of work with diversity of experience. Approximately half of

the two school years required for the diploma is spent by the student in a combination of courses and field work directly related to that form of social work in which he expects to practice. The division between subjects directly related to the chosen field and those which are not so directly related is not clearly made. The common factors in social work are constantly becoming more real, and the success of social workers in transferring successfully from positions in one field to positions in another is in itself evidence of these common factors. Diversity of program provides a student with balance in his training and contributes a broader foundation than specialized training experience could provide. Nevertheless, a considerable degree of concentration on specialized work is important educationally, not only by way of specific preparation for the field in which the student will practice later, but also because it contributes a degree of mastery of some one complex of philosophy, knowledge, and technique which a complete scattering of a student's work within a given curriculum could not give him.

THE FIELD OF PSYCHIATRIC SOCIAL WORK

The field of psychiatric social work for which this training was offered may be conceived of in two different ways. In one sense it consists of social case work established within psychiatric agencies as a form of service essential to the medical program of such agencies. In this sense it has the status of a specialized field of social case work analogous to visiting teaching as maintained within the school system, to probation as maintained within the organization of a court, to hospital social service as maintained within the organization of general medical agencies. The training of social case workers for positions within the field of psychiatric social work so conceived is determined in large part by the requirements of the psychiatric agency. The qualified psychiatric social

worker in this sense might be described as one who has achieved a mastery of the subject matter of psychiatry not ordinarily achieved by social workers and a mastery of social case work not ordinarily achieved by psychiatrists.

The second conception of psychiatric social work regards it not as a specialized field, but rather as social case work in whatever field whose practitioners have at their command an adequate working knowledge of mental hygiene. Under this conception all work involving the treatment of human beings requires an understanding of human personality and its reactions to environment. Many types of human experience and many fields of human knowledge contribute to such understanding. Some of these contributions are most helpful in the diagnosis of personality difficulties. Some of them are most helpful in the treatment of such difficulties. At the present time social psychiatry seems to be making the most substantial and the most scientific of these contributions to both diagnosis and treatment. It is this fact which provides basis for believing that all forms of social work dealing with human beings in any of their relationships should include an adequate working knowledge of social psychiatry, and which justifies the conception of social work carried on with this equipment as psychiatric social work.

The distinction between these two conceptions of psychiatric social work has practical importance for a professional school which undertakes to train psychiatric social workers. Two academic years is the maximum period now available for such training. Within that period it is possible to give students preparing for positions with psychiatric agencies an equipment of social psychiatry which, for the purposes of such agencies at the present time, is regarded as adequate. It is not possible in two academic years to give to students preparing for other fields of social work, such as community organization, visiting teaching, family case work, etc., an

equally substantial training in social psychiatry without sacrificing the time devoted to other aspects of social work which, for the practical purposes of these other fields, seem to be indispensable.

The practical difference between these two conceptions of psychiatric social work as it shows itself in the professional training of social workers is one of degree only. The curriculum of the School is a unified curriculum from which programs are constructed for individual students in accordance with their previous education and experience and their plans for later professional work. The two-year programs of any two students are rarely alike in terms of the actual courses and field work taken. On the whole, those students who have been preparing for positions in psychiatric agencies have spent a greater amount of time in courses in the Department of Mental Hygiene and in field work with psychiatric agencies than have students preparing for other forms of social work. In so far, however, as both groups of workers have studied and practiced in the field of mental hygiene at the School, they have taken the same courses and have done the same kind of work in the field.

In other words, the School recognizes the validity of both these conceptions of psychiatric social work. Psychiatric social work has been established as a specialized form of social case work within psychiatric agencies and in adapting the training of some of its students to this fact it is merely recognizing the situation that exists in social work itself. Psychiatric social work, conceived as social work with a strong blending of psychiatric knowledge, is reflected in the curriculum of the School by the effort to include training in social psychiatry in the programs of all students for whatever fields they may be preparing. This development is a recognition of the fact that the mental hygiene movement is contributing one of the most valuable ingredients to the training

of social workers which has appeared since the emergence of social case work itself as a distinctive art in the broad field of the adjustment of human beings.

THE MENTAL HYGIENE CURRICULUM

The mental hygiene curriculum at the New York School of Social Work has been planned with the purpose of achieving, so far as is possible, the general objectives referred to earlier in this chapter and to meet the problems discussed in preceding sections. We have endeavored to provide reasonably adequate instruction in mental hygiene, open to all students in the School, sufficient in quantity to meet the requirements of students planning to work in psychiatric agencies, and so arranged as to provide a progressive introduction to mental hygiene to other students. In field work we have endeavored to provide experiences so planned as to give it the maximum educational value, long enough in point of time to give students planning to work in psychiatric agencies a firm foundation for practice later, and so arranged as to provide other students with the same experience but over shorter periods. The Bureau of Children's Guidance has given us the largest number and in many ways the most valuable field opportunities which we have had. The courses in mental hygiene offered by the School include the following, all of which were a part of the curriculum throughout the five and one-half years of the Commonwealth Fund program:

I. *Courses in the Department of Mental Hygiene*

a. The Nature and Varieties of Human Behavior. Dr. Kenworthy (S. C. W. 61).[1]

b. Psychopathology. Dr. Kenworthy (S. C. W. 62).

c. Mental Hygiene Problems of Childhood. Dr. Kenworthy (S. C. W. 63).

d. Clinical Psychiatry. Dr. Kelleher (S. C. W. 162).

[1] The numbers in parentheses relate to the numbers given these courses in the catalogue of the School.

e. Social Implications of Mental Testing. Miss Regensburg (S. C. W. 163–4).

f. Seminar in Psychiatric Social Work. Dr. Kenworthy (S. C. W. 261).

II. *Courses in Other Departments Most Frequently Taken by Students in Mental Hygiene*

a. The Method of Social Case Work. Miss Hamilton, Miss Kempton (S. C. W. 1).

b. The Content of Family Case Work. Miss Hamilton, Miss Kempton (S. C. W. 2).

c. Interviewing. Mr. Lee (S. C. W. 101).

d. Philosophy of Social Case Work. Mr. Lee (S. C. W. 102).

e. Social Work and Social Philosophy. Mr. Lindeman (S. C. W. 4).

f. Dependent and Delinquent Children. Mr. Thurston (S. C. W. 21).

g. Children with Special Handicaps. Mr. Thurston (S. C. W. 22).

h. Health and Nutrition. Dr. Stevens (S. C. W. 41).

i. Problems of Disease. Dr. Bradbury (S. C. W. 44).

j. Crime and Punishment. Dr. Kirchwey (Criminology 1).

k. Labor Problems. Mr. Fitch (Industry 1).

l. Community Problems and Organization. Mr. Pettit (C. O. 1).

Chapter VII

COURSES IN MENTAL HYGIENE

IN PLANNING the courses in mental hygiene the School has had two objectives in mind: to contribute to the synthesis of theory and practice which is one of the fundamental objectives of the School's whole method of instruction; to insure that the students' growth in the understanding of social psychiatric principles shall be steady and consistent. Beginning with an effort to give insight into simple problems and into the psychological issues found in so-called normal individuals, the sequence of courses aims to enlarge the scope of the students' understanding so that it shall finally include the more complex problems of personality adjustment.

This approach to the study of social psychiatric problems is especially important in our curriculum, because students, from the beginning of their experience in the School, are engaged in field work in which they are given some responsibility for social treatment. Their instruction in mental hygiene, therefore, must from the outset not only provide them with insight into and intellectual understanding of human behavior; it must also contribute to their developing technique in the use of treatment processes.

These students come for professional training from a diversity of backgrounds, bring with them a wide variety of adaptations, and are not all equally mature emotionally. It is therefore important that they should come to realize, at the outset, that in all work with individuals, whether with children or adults, the dividing line between the so-called normal and the so-called abnormal in mental health is a shadowy one. This concept of a shadowy border-line is not a new one.

It has had general recognition with regard to the physical aspects of human experience. We recognize easily the gradations existing between the state of being sick and the state of being well. It is not difficult to discern the difference between the state of being very sick and the state of being entirely well, for they represent states of physical functioning at opposite poles. As we approach the mid-line between these two extremes, however, it is difficult to distinguish between sickness and health.

Why then has it been difficult for us to accept this lack of a logical dividing line between the normal and the abnormal in mental health—that is to say, in matters of personality integration and behavior adjustment?

Attempts to generalize about behavior are never productive. Most of the traditional explanations have been little more than unsupported generalizations. Looking back at the educational, social, moral, and religious training of past generations, we see that emphasis has been laid upon concepts which have had the imperious ring of the absolute. Conduct has been judged "good" or "bad," "moral" or "immoral," "social" or "delinquent." If the student is to acquire the ability to help human beings involved in mental and behavior difficulties he must learn to understand the acts of patients in the light of their causes and motivations, and to exercise an entirely different type of discrimination regarding these acts from that suggested by the current terminology. Above all, he must learn to take an objective attitude toward socially unacceptable behavior, modifying his emotionally toned reactions to it in the light of his growing appreciation of the relative values involved in adjustment to society.

The general plan of instruction developed at the School, with its scope and educational emphasis, is indicated in the following brief description of the mental hygiene courses.

"THE NATURE AND VARIETIES OF HUMAN BEHAVIOR"

This course is the student's introduction to the whole subject of mental hygiene, and is so organized as to provide the basis for the structure of all the theoretical and discussion courses in mental hygiene. Because its subject matter must include a discussion of many broad concepts involved in our understanding of the problems of human growth, personality development, and behavior, the lecture method of instruction, combined with assigned reading, has been used in its presentation. As was suggested earlier, this introductory course places the emphasis upon the problems of the so-called normal. Since the first aim of the course is to assist the student to achieve objectivity and insight into personality problems, attention at the outset is devoted to making clear the purposiveness of all behavior, good and bad alike. This involves a discussion of personality at its three levels of experience: the physical, the intellectual, and the emotional. The topics covered include those dealt with in the chapters on The Scientific Basis of Child Guidance.

Recognition of the fact that no experience, whether it occurs as a part of the physical or of the intellectual adjustment, is free from a feeling-value serves to emphasize to the student the importance of looking upon the individual, as he is studied at any given point in his career, as the product of his inherited equipment, including his physical and organic structure, his intellectual endowment, and his instinctive predispositions, plus all his experiences from the time he is conceived through birth and later growth experience on all three levels of his personality. The psychological[1] implica-

[1] In order that the students who must come in contact with the problems of the school child and his school relationships shall be further equipped to meet the needs of the child in translating his capacities, special educational needs, vocational training and special class placement, a more advanced course entitled "Social Implications of Mental Testing" is included as a part of the requirement for students majoring in the field of mental hygiene.

tions of the original endowment in terms of mental age, intelligence quotient rating, special abilities and disabilities are embodied in the broader survey of the processes of growth and development.

It is important that the worker develop a capacity to view the intellectual growth and educational experience of the individual as a continuous and progressive process which begins at birth, when the child must first face the necessity of adjustment to the problems of reality. The material of the course as presented therefore indicates the importance of looking upon all experiences, even those of the first few months, as having educational implications. This approach helps the student to understand how the early period of dependency with its feeling-experiences becomes a component part of the individual's intellectual and educational pattern, and to appreciate how closely intellectual values are integrated with the emotional life.

It is possible, furthermore, through building up a complete picture of the developmental experience, to integrate its intellectual, emotional, and social aspects with the physical processes. In so doing, the student is helped to gain an understanding of cause and effect relationship both in the simple and in the more complex experiences of personality development. In this way it becomes apparent that the handling of the child by parent or parent-substitute is part of a continuously developing pattern from the early period of complete dependency, through the stage of pre-school development in which habit training is emphasized, on through the later nursery school, kindergarten, grade school, high school, college, or adult educational experience.

Since the case worker has to assume the responsibility of guiding the educative process to meet the needs of the individual, whether the educative experiences are of a social, intellectual, physical or emotional nature, or a combination

of all four, it is necessary that the dynamic interpretation of growth processes be related to the limitations and capacities of the defective and the sub-normal, as well as to the average and the superior intellectual groups.

The material covered under the discussion of the physical and intellectual aspects of growth can only be understood in the most dynamic sense if emotional and instinctive trends are considered. Once having accepted the view that each experience of the individual has its feeling-value, it is for the case worker to interpret the purposes and the value of the feeling-tones involved in the life experiences of the persons dealt with. To see the broad implications of these feeling-tones a knowledge of the instinctive trends is necessary. If we reduce these concepts to simple working principles it is possible to see three essential trends operating: the ego or self-preservative, the sex or creative, and the herd or group, which would seem on closer study to be a combination and utilization of the other two at a different level of integration.

In order to follow the development of the ego and the creative or love needs, as they color and fashion the child's response to reality, it is necessary to observe the processes of integration during the individual's growth from childhood through adulthood. That the development of psychological maturity, or, in other words, of mature personality adjustment, is dependent to a large degree upon the growth experiences of the individual is obvious. This implies the necessity of a continuous process of integration from the primitive asocial, self-loving stage of early dependency to the adjustment of the mature individual.

To give only a theoretical discussion of these processes would not furnish the student with their practical implications. The method of case illustration is therefore used. This makes it possible to trace the experiences which tend to assist the child to achieve adjustment and growth towards

maturity, as well as to indicate at various points where wrong handling and lack of understanding interfere with and impede this process of gradual mature adaptation. The course at this point aims to provide the student with a wholesome appreciation of the universality of human strivings. This kind of orientation in terms of human needs assists him to gain a more complete objectivity and a more profound appreciation of the relative aspects of all human behavior whether healthy or unhealthy, social or asocial, moral or immoral.

Through the tracing of the ego and love trends in the development and growth of the individual it is possible to see the essential root of the herd experience as a reflection of the early adjustments of the child to the family group. The relationship with the family members, the parents, parent-substitutes, brothers, sisters, and other relatives, the feeling patterns of action and interaction which are an integral part of the family life, form for the child a series of attitudes and feeling-tones which color his contacts outside of this primary unit, the home.

When the student approaches the consideration of the organic and structural elements of the nervous system with this background of knowledge of personality trends and cause and effect relationships in behavior, it is possible for him to gain a more adequate conception of the mental processes, and a more complete appreciation of the normal and abnormal in mental health.

Throughout the course the effort is made to guide the student through his first applications of this dynamic point of view in his field work in family case work in order to help him to translate his understanding of cause and effect relationships into practice.

This course has the largest enrollment of students of all the courses included in the mental hygiene curriculum. As our knowledge of personality problems increases, the feeling

among social workers in general indicates the advisability of including it in the program of instruction for all students.

"PSYCHOPATHOLOGY"

The material of this course also is given through lectures and required reading. While its subject matter consists mainly of the psychopathological issues found in the neuroses and the functional and organic psychoses, yet the emphasis is consistently directed towards the social and dynamic implications of causal and treatment problems. Thus the material which is presented in the first course not only furnishes a background for the understanding of human behavior in general, but also points the way towards an insight into the genesis of the functional disorders, since the roots of these disease entities are to be found in the individual's early experiences.

In modern social psychiatry it is accepted that the neuroses and functional psychoses are the net results of emotional and personality problems of unadjustment beginning in the formative years of the child's life. The subject material, as it is presented to the student, indicates the early genesis of these disease states; in the illustrative case material used it is possible to trace the early beginnings of the emotional conflict states of individuals who have been studied for the first time at the point of an adult mental or nervous breakdown. This helps the workers in different fields to interpret various emotional, social, and behavior difficulties as they encounter them in the clients of social agencies.

In order that the student may gain a more complete appreciation of these problems of emotional and social unadjustment, the subject matter includes the problem of the feeble-minded group, the epilepsies, and all the organic disease entities of the brain and nervous system, as well as the functional neuroses and psychoses. In the discussion of these various

problems emphasis is placed not only upon their genesis and progress towards adjustment, but also upon the social implications of these problems as involved in the individual's adjustment in his home and in the community. Concrete illustrations are furnished because the social worker in his community contacts, even as a case worker in other fields, frequently finds himself in contact with beginning, and occasionally with well-developed problems of mental disease and deficiency.

In order to be explicit, a brief survey of the various classical problems is given. For the social worker's equipment it is important that the social and hereditary implications of feeble-mindedness be included. Through study of hereditary predispositions, as revealed by the investigation of such families as the Jukes and the Nams, the probability that feeble-minded persons will beget defective children is emphasized. These findings imply the necessity for broader social and group education. Perhaps more important, from the preventive point of view, is the recognition by case workers of the danger of similar defect in children born of syphilitic and alcoholic parents. Frequently in such families along with some normal children we find the defective and feeble-minded child, the product of toxic intro-uterine experiences. Knowledge of the effects of glandular imbalance must also be furnished.

It is important that social workers be able to recognize the innate difficulties of educational and social adjustment which must be made by individuals born with defective intellectual equipment. Early recognition of the possibilities of training, with emphasis on the specific needs of the defective child, make it possible to promote better organized educational and social opportunities for these burdened groups. Much work needs to be done by the social worker, among others, in gaining the cooperation of the public in making possible opportunities for assisting the defective and feeble-

minded group to achieve a more constructive adaptation. This can be accomplished in part through establishing proper facilities for vocational training in the schools.

In order to make clearer some of the implications of this early childhood period for the frankly defective child, many case illustrations are used to furnish the student with an appreciation of the problems which arise, especially through mishandling in the social group, the family, and the school. It is a well recognized fact that these dull and burdened children, exposed to the competition of regular grade school and to the recurring necessity of repetitions of grades, with all the emotional problems which such exposure involves, often show, even early in their careers, tendencies to delinquent and asocial behavior. It is important for the student to appreciate that behavior of this nature frequently indicates conflict and unadjustment which, if relieved early, may resolve itself into a healthy pattern of social adaptation, even though the individual must always be of low grade intelligence.

The problems of the epileptic group are treated in a similar way, the purpose being to assist the student to recognize the causal factors at work whether they are of organic or idiopathic origin. Stress is placed upon the emotional and personality roots which underlie and form an integral part of the epileptic personality. The social aspects of the care of the epileptic group represent an important chapter in the preparation of the student, for these problems are frequently encountered by the family case worker, the industrial worker, and the court worker, as well as by those working in the psychiatric field. With the epileptic, like the feeble-minded, it is important to recognize that their behavior frequently involves delinquent and criminal patterns of response. Often the worker finds himself involved in court proceedings and in other intricate issues, legal as well as social, of his client's behavior. Through case illustration and discussion it is pos-

sible to indicate the problems of social and industrial adjustment for this group also. Frequently the worker is called upon not only to interpret the client to the family, but to seek opportunity for employment especially for those who are of working age. This whole discussion again points towards the responsibility of society for the protection of these burdened individuals from the mishandling to which our present social arrangements often expose them.

Following the discussion of feeble-mindedness and epilepsy, attention is given to the various types of neurosis, including the problems of hysteria, anxiety neuroses, compulsion neuroses, neurasthenia, etc. It is not the aim to equip the student to make specific diagnoses of the neurotic groups but rather to give him an appreciation of the emotional and personality difficulties which are an inherent part of neurotic problems. Once more, as is repeatedly stressed in all the mental hygiene courses, the problems of conflict, over-dependency, over-emphasized authority, etc., are indicated as potential sources of later unadjustment. In many of the illustrations furnished it is possible to trace the genesis and development of these trends from an early period. This process has a double value. It not only makes the worker more alert and interested throughout his case work contacts in clearing up the early evidences of childhood difficulties in order to prevent later breakdowns, but also helps him to interpret the neurotic's needs in a more dynamic way both to his family and to himself.

This is another point at which the study of mental hygiene establishes its value to all social workers. Recent studies of groups of cases in the field of family case work have revealed the high incidence of neurotic unadjustment in chronic dependents and long-time relief or treatment problems which overload and weigh down the case work of large relief organizations. These chronic misfits are found in all forms of case work; more constructive work with them hinges upon a more real appre-

ciation of their personality and emotional problems. Because of the continuous discouragement to which the case worker is exposed in his contacts with this neurotic group, much time is spent in lining up their special needs and in emphasizing the issues involved in the relationships between the worker and the neurotic client, as well as the potential problems existing in the children in these families, exposed as they are to destructive and inconsistent handling by the neurotic parent.

In the discussion of the problems emanating from this neurotic group, excellent opportunity is afforded to emphasize the inadequacy of the old-time method of treating symptoms per se. For example, where a client is given to hypochondriacal complaints, frequently the worker expends much of his time and resources in attempting to establish diagnoses of physical symptoms which have no organic bases. Using this simple example it is possible to indicate the importance of treating the problem as a whole with an emphasis on reintegration of personality instead of attempting to treat a series of ever-changing symptoms.

Since problems of advanced mental disease require special institutional care and therapy, it is not essential that the student be given a technique for actual treatment of them. It is not necessary, therefore, to discuss in detail the problems of the functional psychoses known as schizophrenia, paraphrenia, and cyclothymia. The student should have a working knowledge of the genesis of gradual personality deviations which are observable in the early stages, and of the more specific behavior and emotional states which are common symptoms of these deviations. Frequently it is possible for the worker with a background of such knowledge to discover the beginning problems of mental disease at a much earlier period than that at which the family becomes aware of them; for the gradual personality changes which take place in these cases are often looked upon by the family as evidences merely

of peculiarities or idiosyncrasies, so that there is failure to appreciate the importance of early treatment.

The broader dissemination of a knowledge of early manifestations which the course provides tends to equip social workers to bring to the attention of the psychiatrist many individuals who need care in the early stages of mental breakdown before processes of deterioration have begun, often months and years before they might otherwise be given the benefit of social psychiatric therapy. While the early treatment of these individuals increases the number of commitments and therefore causes uneasiness to unenlightened members of society since it seems to indicate an increase in the incidence of mental disease, yet these early commitments make for a better prognosis. Recognition of the need for careful nursing or hospitalization in beginning states of depression, in order to prevent attempts at self-destruction, is especially important; as is recognition of similar needs in paranoid states where the lives of members of the patient's family or other individuals may be endangered should the patient attempt to solve his problems of delusional persecution through revenge and homicidal attacks.

The social worker is becoming an increasingly important factor in the early treatment of mental disease issues, and it is significant that at the same time emphasis is coming to be placed on the preventive aspects of mental hygiene. These are multiple; they include not only the direction and guidance of parents in the handling of their children, helping them to work out healthy patterns of personality adjustment, but also contacts with the school authorities and other social contacts through which much helpful guidance may be given in meeting the needs of individual children.

From a dynamic and preventive point of view the worker's insight into functional psychoses and neuroses would seem to be most important, but it is necessary also that students

gain some insight into the problems of the organic psychoses such as general paresis, cerebro-spinal sclerosis, locomotor ataxia, arterio-sclerotic psychoses, etc. While these problems represent the end results with their elements of mental, emotional, and physical deterioration, a working knowledge of them is necessary in order that social workers may so adjust and guide treatment as to meet the needs of the sick person and facilitate adjustment to his family and to his social group. For example, it is of the utmost importance in the initial phases of paresis that the patient's behavior be understood before he has involved both the family good name and the family fortunes in disaster.

"CLINICAL PSYCHIATRY"

In order to assure those students who are majoring in the mental hygiene field of more complete appreciation of the end results of problems, a course in Clinical Psychiatry is made available at Ward's Island Hospital. In this twelve-week course students are given an opportunity to study case history material and to observe at first hand the cases of various types of functional and organic mental diseases. This course follows after the course in Psychopathology and emphasizes the problems of institutional treatment, while illuminating from a new angle the phases of prevention and extramural work discussed in the earlier course.

"MENTAL HYGIENE PROBLEMS OF CHILDHOOD"

With the background of the first two courses described, The Nature and Varieties of Human Behavior and Psychopathology, the student is ready for a more specific approach to the behavior problems of children. The course in Mental Hygiene Problems of Childhood is required for all major students in the mental hygiene department, and is also attended by many others from other fields. The first two

courses are prerequisite to it. As was stated earlier, the students in the mental hygiene field during the first two quarters have had six months contact with family case work problems in a family case work agency. At the beginning of the third quarter their field work contacts lead them directly into child guidance work. At this point, then, it is important that the theoretical application of the mental hygiene philosophy shall be translated into more practical and particularized terms.

The material submitted in this course is made up of specific cases which have been actually under treatment for a period of time and which were approached by a four-fold study at the social, physical, psychological, and psychiatric levels. These personality studies of cases are selected to cover as completely as possible various types of family, school, physical, intellectual and personality issues which may be met with in actual case work experience. A new case is submitted each week in mimeographed form and the student's preparation of the discussion of cause and effect relationships and treatment plan form a basis for discussion by the class.

Since two quarters of this course are required as part of a major student's preparation, it is possible to cover a fairly large group of individual situations. The student is enabled, in the routine discussion of the parental situations, the relationships of the child with his brothers and sisters, the school and community contacts, the physical and intellectual and developmental difficulties, to gain a fairly complete appreciation of the various trends and experiences which have tended to develop the problems of unadjustment which the child reflects in his behavior. Through careful consideration of all these cause and effect relationships it is possible to emphasize specifically the purpose of the child's behavior and to indicate in the discussion his symptomatic difficulties, some of the underlying principles of which were indicated in much detail in the introductory course, Nature and Varieties of Human Behavior.

On the basis of this more objective understanding, the discussion of the implications for treatment are evolved in relation to the individual child's needs as well as those of the parent, the school, and other persons or organizations concerned; and the student is given the opportunity to look upon treatment processes as involving the social, intellectual, physical, and emotional elements in each case. Treatment processes are developed in the light of the individual issues presented in the case, with consistent emphasis on the importance of getting at causes through treatment, rather than merely treating symptoms by superficial and palliative methods.

As part of the required work in the course, outside of the studies of the mimeographed material submitted, each student is asked to prepare a complete personality study of an individual, preferably one with whom he is working in his regular field work. The preparation of this personality study, and the actual discussion of the social and psychiatric meanings involved in the case material presented to the class, tend to habituate students to the meeting of problems in their own field work with a more real interest to discover and scrutinize the causal elements in the background of the patient in their relationship to the behavior of the individual and the family. This course is completely identified with practical case work experience in the child guidance field, a fact recognized by the student, who applies his experience in field work to the class discussion and vice versa.

"THE SOCIAL IMPLICATIONS OF MENTAL TESTING"

As was suggested in a footnote on page 167, the course in The Social Implications of Mental Testing is a part of the required program for students in mental hygiene. This course of two quarters considers the individual problems of intellectual endowment and furnishes the student with an under-

standing of the social significance of the psychological test and method of studying both individuals and groups. The course is conducted through a combination of lectures, discussion, actual testing of children, and the giving of group tests in the school by the individual students. While it is outside our purpose to equip students to do psychological testing, inasmuch as adequate preparation for this specific technique would require many more instructional hours, it is possible to give them a fairly complete understanding of the social, psychological, and psychiatric significance of the test findings. This is regarded as important in the student's preparation, because work with children of the adolescent age usually involves interpretation by the worker of various personal assets and liabilities and vocational trends. These can be neither understood nor effectively treated without adequate knowledge of intellectual equipment.

"PSYCHIATRIC SOCIAL WORK"

This is the most advanced course in the mental hygiene curriculum. It is open to students only when they have achieved a credit in the School of twenty-eight points, and two quarters of it are required for the diploma in mental hygiene. While the course is especially designed to meet the needs of students in the mental hygiene field, it is open also to students in other major fields who have completed the courses in The Nature and Varieties of Human Behavior, Psychopathology, and the Mental Hygiene Problems of Childhood. The course is conducted by the discussion method, and instead of summaries of cases actual current case history material is used.

The ego-libido method of evaluating the social history, the physical and psychological examinations, and the psychiatric contacts is used in each case. A more complete discussion of this method of evaluation will be available in a forthcoming

volume.[2] Briefly, this method makes it possible to interpret the emotional and experiential contacts of the parents in their early beginnings, for through the consideration of their own early life experience and growth it is possible to gain some insight into and understanding of the attitudes and prejudices, biases and behavior, which they utilize in their relationship to their children and in other family contacts. With this understanding of the parental attitude it is then possible to evaluate more completely the child's own experience in relation to all these environmental factors which have played their part in shaping his personality on the physical, intellectual, emotional, and social levels. On the basis of this more complete understanding it is possible to interpret the behavior of the child in terms of its value or purposiveness, and the student is enabled to gain a more specific appreciation of why the child has needed to utilize certain mechanisms of behavior in his adjustment to his parents, parent-substitutes, etc. Through this more particularized study of the emotional and feeling needs underlying the attitudes of parents, as well as those of children, it is possible in the discussion of the implications of treatment for the student to become even more specific in discussion of methods of approach to parents, to teachers, and even to the child himself.

Through the medium of this method of evaluation it is possible to crystallize for the student the social psychiatric philosophy in the handling of the problems. Especially is it important for the student to gain an appreciation and understanding of the factors involved in the issues of success and failure as they present themselves in the actual case material. Therefore, in the selection of cases to be presented, cases which have responded to treatment successfully, those that responded with only partial success, and those that have not responded and are complete failures, are included. A careful

[2] To be published under the title *Mechanisms of Human Behavior.*

evaluation of the progress of treatment as it proceeds step by step in contact with the parents, the teachers, and the child, is made by the same method in the light of our knowledge of all those factors that are involved in the parent-child relationship. This assists the student to evolve a refinement of his own technique in case work processes, and to develop facility in the actual handling of problems in the child.

During each quarter of attendance in this vocational course the student is required to work at a project which is selected primarily to assist him in gaining a more complete appreciation of some of the emotional problems involved in the child's experiences. A large number of subjects have been devised to cover the field of child guidance, and in the selection of the project for the individual student two points are borne in mind: first, that the project shall interest the student as a research subject, and second, that the selection shall be designed to assist him to achieve a more specific formulation of some of the trends and issues which he may meet in his professional experience later. Some of the projects used in the course are the following:

1. The influence of the family on the adjustment of the personality of the child.
2. Problems of the over-emphasized mother-son relationship.
3. Problems of the over-emphasized father-daughter relationship.
4. The emotional problems of the only child.
5. The emotional problems of the only child at adolescence.
6. Factors which tend to over-emphasize infantile dependency.
7. Institutional experience and its reactions upon the child's personality.
8. Emotional problems of the adopted child.
9. Emotional problems of a child in an over-emphasized authority situation.
10. Emotional problems of a child born of parents with marked disparity of age.
11. Emotional problems of a superior child.

12. Infantile behavior patterns in parents as factors of unadjustment in the child.
13. The authoritative attitudes of a teacher.
14. Treatment obstruction.
15. Problems of the normal child retarded in school.
16. Emotional problems of immigrants and their children.
17. Study of schizophrenia in a family.
18. Problems of authority in cases of children having court records.
19. Emotional problem of a child with a step-parent.
20. Emotional problems of a child born of middle-aged parents.
21. Physical defects and their emotional value in the development of the personality.
22. Incompatibility between the parents and its effect upon the child.
23. Study of the processes of treatment in cases of success and failure.
24. Social psychiatric implications in the selection of a boarding home.
25. Emotional problems of the social worker and their effect upon treatment processes.

To these projects the students are required to devote at least forty-eight hours. At least three, and preferably more, actual case studies of children who have been under treatment for some period of time must be covered in each project. Thus it is possible for the student not only to gain some understanding of the factors involved in the development of such issues but also, in particular cases, to gain some appreciation of the genesis of problems of like kind.

It will be noted in the description of these specific courses required as part of the preparation of students majoring in the field of mental hygiene that no mention has been made of all the other courses in the allied fields of case work which are a part of the required theoretical training. The list of these courses as given in Chapter VI indicates the extent and scope of the other aspects of training provided for students who have majored in this field.

Chapter VIII

FIELD WORK: THE PRACTICE OF PSYCHIATRIC SOCIAL WORK

FIELD work in the philosophy of the New York School is the foundation of professional education for social work. This is indicated to some extent in the School requirement that candidates for the diploma shall spend approximately half of their time during the two-year training period in field work. The general objectives of education for social work as the School conceives them were stated in Chapter VI. Field work as part of the program of professional education shares these objectives with class work. Its distinctive function in the program might be defined as follows:

1. To provide an opportunity for the development of skill through practice in the use of its several ingredients: knowledge, philosophy, and technique.
2. To develop in students the ability to discern in actual situations and in human beings facts and concepts with which they have become intellectually familiar through study.
3. To provide the test of practicality for theories and methods with which students have become familiar through study.

At the Bureau of Children's Guidance the field training of students was under the direct supervision of the social service staff. Each student was assigned to one supervisor who was thereafter responsible for her work until and unless it became evident that a change of supervisors would enrich for the student the experience at the Bureau. As a part of the Bureau's regular procedure with each case a conference, participated in by the psychiatrist in charge, the social service supervisor, the student, and frequently the psychologist, was

held as soon as the social history and the psychological, physical, and psychiatric examinations were completed. At this conference the diagnosis of the case was discussed and the beginnings, at least, of the plan of treatment formulated. Weekly conferences of the entire staff were held at which each case discussed was presented by the student responsible for the social work. This, in general, was the organization of the Bureau's supervision over the field work of the students.

GENERAL FIELD WORK PEDAGOGY

The New York School of Social Work and its collaborators in field work have developed certain principles and methods of field work pedagogy, tested by use during the period at the Bureau, which may be formulated under five heads.

1. The first important aspect of field work supervision is the formulation of *a definite sequence of experiences* for the student, designed to introduce him, in the most effective way, to the diversified problems and practices of the field. Any continued contact of a new worker with a social agency obviously provides him with a succession of experiences. Field work, however, conceived as a part of an educational program, implies a connected succession or series of experiences definitely planned for the individual student for the purpose of making them of the maximum educational value.

These experiences must be real in the sense of being essential parts of the work of the agency. An inexperienced worker, however, cannot be given at once responsibility for the more complicated tasks. Within the limitations thus imposed by the agency's obligations to its clients, the selection of initial assignments and of subsequent assignments as well must not merely be determined by *a priori* notions of student immaturity but must be adapted in each instance to the educational needs of the individual student. It is not uncommon to start a group of students together in a group

conference where the purpose of field work is explained, and to follow this with some such assignment as the reading of a case record. Beyond these rather simple generalized beginnings, however, uniformity in the ordering of student experiences cannot safely go. From this point on, the sequence for each student will be different; and the total program of a student over the complete field work period should hang together in such a way as to approximate a logical development from step to step, the nature of the successive steps, their chronology and their relationship to each other, being determined primarily by his individual needs.

2. A second important pedagogical principle is that *students should be allowed to do their own thinking* with ample opportunity to discuss the results of it with the supervisor. "Students *learn* more than they *are taught*."[4] This observation has profoundly influenced the pedagogy of the Bureau. The staff conceived its primary responsibility as involving the organization of experiences through which students could learn, rather than involving opportunities through which the staff could teach. The starting point, therefore, for each pedagogical contact with the student was the student's own suggestion of the way to handle the assignment under discussion. In a field whose subject matter is unfamiliar, the tendency to distrust one's own knowledge and judgment is not only natural but promising. In such a field students tend to lean upon the supervisor. Moreover, in the interests of accuracy and the saving of time, the temptation is strong for a busy supervisor to expound rather than to discuss.

The principle of basing educational supervision in field work upon the product of the student's own thought does not rule out exposition by the supervisor. The difference between supervision which formulates plans for students and

[4] Abraham Flexner, *Medical Education*, (New York: The Macmillan Co., 1925), p. 183.

supervision which discusses plans formulated by students is that the latter more often than the former brings exposition of principle by the supervisor into the discussion in order to meet student needs of which the student is conscious. This principle was applied deliberately and consistently by the Bureau staff, and we believe it was responsible in large measure for whatever professional growth the students experienced while at the Bureau. Its application need not limit the contribution of the supervisor to the student, although it may change the circumstances, as it will certainly change the spirit, in which this contribution is made. Students who are given responsibility as an opportunity for them to learn will themselves provide teachers with plenty of opportunity to teach. We believe it to be true that students learn more from teaching which they have sought because of a consciousness of need than from any offered by a teacher because he knows something which he thinks the students ought to know.

3. Another important practice in the field training of students at the Bureau was the exercise of *supervision through conference.* Except for the general group discussions already referred to, the contact of the student with her supervisor was always through an individual conference. These conferences were held whenever, in the judgment of the supervisor or student, they were necessary to the effectiveness of the student's social work. The holding of individual conferences is generally recognized as an important medium for the supervision of students in field work. The significance of such conferences, however, when considered in the light of the principle of allowing students to do their own thinking, is not so generally recognized.

Social case work is carried on largely through the face to face contacts of interviewing. Through such contacts problems of human adjustment are discussed, plans are formulated,

states of mind are explored and revealed, suggestions are made, reinforcement is secured, information is acquired, and most of the objectives of social case work are reached. In dealing with the diversified subjects discussed in such contacts, the social worker must be familiar with a wide range of relevant human knowledge and experience to which he secures his first introduction perhaps through an educational curriculum. The possession of such knowledge gives him a large measure of whatever authoritative status he has as a professional worker. For the face to face contacts of social work, however, it can never be a complete guide. This is because social case work, like most professional activities, is an art, an art in which the practitioner makes use of all of the knowledge, wisdom, and philosophy in his possession, but an art nevertheless whose practice cannot be patternized. Each separate bit of professional practice is a creation in itself. It is in many essentials, sometimes in the most significant essentials, unlike any other bit of practice in his past achievement. At these focal points of practice the social case worker, however complete her equipment of knowledge, however sound her philosophy, however profound her wisdom, is at the mercy of her own creative capacity. Success at these points depends upon her fertility of resource, upon her creative imagination.

The creative imagination with which the social worker meets the final test of her capacity in practice is not produced by professional training. It cannot be imparted to a student when not present in his personality in essence. It can, however, be stimulated and developed. There is no greater test of the educational value of an experience designed to train social workers than the measure of its success in developing the capacity of the student to deal in this resourceful, imaginative fashion with face to face situations. Experience alone will develop this capacity to a marked degree.

Otherwise, social workers who are self-trained, as most social workers were until recent years, could never have grown in proficiency.

Curricula for the training of social workers have usually been more concerned with the bestowal of knowledge and experience upon students than with the possibilities which the bestowal process offers for developing the student's skill in using the knowledge and experience acquired. Individual conferences with students as a part of the supervision of field work, when the principle of allowing students to do their own thinking is followed, afford a real opportunity for the development of the student's creative imagination. When a supervisor, for example, in conference with a student leads the student to explore overlooked possibilities in an interview which the student has held, this exploration can be conducted in such a way as to stimulate the resourcefulness of the student in her next interview. It is relatively easy for a supervisor to point out the defects in an interview conducted by the student or in the student's plan for a prospective interview. It is more difficult, but also from the point of view of the student's development more worth while, to assist the student to discover those defects for herself. The success of the social service staff at the Bureau in conducting student conferences on this basis leads us to emphasize the use of the student conference as an important pedagogical principle.

4. We have already referred to certain *group conferences* which were a regular part of the student's experience. The most important of these were the conference of the psychiatrist, the social service supervisor, and the student to discuss diagnosis and plan of treatment, and the regular weekly conference of the whole staff for the discussion of a case presented by a student. These conferences provided the student with an opportunity to participate in the dis-

cussion of cases by groups whose other members could be regarded as authoritative in the field of child guidance. The class work at the School might be described in the same way; class discussion under the leadership of an instructor who is authoritative in his field, however, differs in educational significance from these group conferences at the Bureau because the latter were confined to cases with which the student was herself familiar through first-hand contact. Field work training under a supervisor who is a good teacher also has high educational value for a student. Group conferences in which trained minds are at work have, however, a broadening value of great educational significance to students.

5. *Certain matters of a routine nature* may be mentioned as collectively representing a pedagogical principle of importance. They are largely concerned with construction of case records. The following items were a part of the experience of each student:

Each student drafted for the case record the results of each assignment. The draft covered acquired information and the narrative of steps taken. To write it was an experience which in itself tended to definiteness and coherence of thought.

Each student, prior to the conference with the social service supervisor and psychiatrist, prepared a diagnostic summary of the case under discussion which was made the basis of the discussion of the conference. It was later revised by the student in the light of the discussion. The students whose major work was in mental hygiene also prepared ego-libido analyses of the cases for which they were responsible.

Each student prepared for each case assigned to him a summary of the situation at the end of each quarter.

Each student prepared for each case assigned to him the data for the regular progress sheets which were a part of each case record.

It was the practice of the Bureau to require each student to work out a plan of treatment for each case assigned to him and to carry out the practice of planning concretely, and in itemized fashion, as a

part of preparation for each step in treatment, such as strategic interviews.

SOME PEDAGOGICAL PROBLEMS ARISING IN FIELD WORK

The focal points of the educational supervision of students in field work may be stated as follows:

1. Development of ability to discern in human beings and in concrete situations facts and concepts with which students have become elsewhere intellectually familiar.
2. Mastery of the essential elements of psychiatric social work in practice.
3. Modification of certain typical attitudes which interfere with efficiency in the practice of psychiatric social work.
4. Development of certain personality traits in the student whose adaptation in certain ways makes for more effective social case work.

The pedagogical problems defined under these four headings will be considered in detail.

With reference to the first of these problems it is clear that the social case worker is constantly making use of philosophy, of formulated knowledge, and of his familiarity with the results of his own experience and that of others. A large part of a curriculum for the training of professional workers is devoted to opportunities through which students can acquire such knowledge. Theoretically, everything that is involved in the practice of social work can be learned in the classroom. The only qualification needed in order to understand the theories, concepts, facts, and methods which make up the subject matter of social work as presented in the classroom is sufficient intellectual ability to grasp them.

To use this material effectively in practice, however, requires something in addition to an intellectual ability to grasp it as presented through lecture, discussion, or the study of books. A formidable problem of education is presented by students who are excellent learners in the best sense of the word, implying a high degree of ability to grasp intellectual mate-

rial, but who lack or have not developed the practical ability to make use of this material in concrete situations. The development of this ability is the highest function of a curriculum which is designed to prepare students for the practice of an art. The pedagogical problem involved has many phases of which the topic of this section is one. In education for social work its solution is largely the function of field work.

In the curriculum of the New York School of Social Work field work and class work parallel each other in the student's course from the beginning. We have, therefore, from the outset an opportunity in field work to determine the ability of students to make use practically of concepts and facts of which they have in class secured an intellectual understanding. Many students of the first rank as learners are no better than mediocre performers. On the other hand, students who seem capable of only average work in class prove to be capable of work of the highest order in practice.

This fact presents a distinctive pedagogical problem to the supervisor of field work. Intellectual concepts and facts, as learned through study alone, may assume a quite unfamiliar guise when presented as aspects of human life. A student, for example, may accept without question the principle that an authoritative attitude towards another human being is less effective than a more subtle kind of leadership in winning cooperation or response. In practice, he may not recognize an authoritative attitude when he adopts it. He may as easily fail to recognize a situation which calls for leadership rather than authority when he meets it. Again, as an illustration, it is possible in class to make a student familiar with the implications and manifestations of a child's over-dependence upon his mother. The same student may have difficulty in his contacts with a particular child and its mother in distinguishing between over-dependence and a wholesome relationship between the two.

The study of theory and facts, apart from their own natural setting, tends, and rightly so, to put human beings and situations into categories as types. A student may follow this process and at the same time recognize that no individual perfectly represents a type. He may recognize further that in dealing with an individual, it is as important to establish his divergence from a type as to establish his identity with it. It is relatively easy by the quantitative method of statistics to establish certain facts as apparently true of types—of such types as immigrants, skilled workmen, integrated personalities—and to establish certain generalizations regarding appropriate methods of dealing with these types. It is much less easy to establish anything as true of one's handling of an individual as an individual. In practice, therefore, it is easier for students, especially in the early stages of their training, to deal with an individual as though he were a true representative of a type than it is to find their way to him as a person showing significant divergence from type as well as significant conformity to type.

To illustrate again, the standard of living is a useful concept in social work. It is usually taken to suggest the particular range of resources and the particular use of them which an individual considers essential to a satisfying existence. We speak of a minimum standard of living as representing the range of resources and satisfactions below which an individual cannot drop without a greater degree of emotional, aesthetic, and spiritual deprivation and a greater degree of risk to physical well-being than anyone ought to be expected to experience. The study of sociology and economics may give a student a clear intellectual conception of the standard of living. It tends, however, to identify the human being with a type. However a standard of living is defined, whether in terms of income or in terms of the satisfactions which income will buy, it suggests what is true of

groups of people having a particular income range or showing a particular satisfaction range. The social worker must recognize the validity of this generalized conception of the standards of living. He must also recognize, however, that each person that he deals with is an individual whose variations from the type are as important for him as are those particulars in respect to which he conforms to the type. At this point a mathematical approach to the standard of living will fail him. He can make an effective use of this concept only as he can discern in individuals the significant aspects of the standard of living for these particular individuals.

Ability to discern such concepts in actual situations is again the product of experience; the pedagogy of developing it is difficult. In one of our cases, for example, we have a girl of thirteen whose father, before his death, had been a hard drinker and abusive to the mother. The mother herself drank, was devoted and cruel to her daughter by turns. An older daughter of the family had recently married and was living happily with her husband. Soon after our first contact with the family, the young girl, who slept with her mother, awoke one morning to find the mother dead in bed beside her. It was the culmination of a long series of experiences with terrific emotional implications for the girl. The older sister rose to the situation and took the girl to live with her. As she had been recently married, this experiment involved some risk. The husband's wages were not large and he was not too enthusiastic at having a pleasant married life somewhat interfered with by the presence of a young sister-in-law. Nevertheless both he and his wife were willing to make the experiment. We endeavored to safeguard it in every possible way.

Into an understanding of this situation entered a number of important psychiatric concepts. Among them were jealousy, identification, ambivalence, security, dependency, compensation, and deprivation. These concepts are not difficult

to understand. Our students became acquainted with them in the courses described in Chapter VII. The student who dealt with this case, however, while she had an adequate intellectual grasp of these concepts, found herself handicapped in her attempt to recognize them in this actual situation. The pedagogical process followed by the case work supervisor began with a consideration of the surface factors in the case from which she and the student commenced an exploration for explanations of these factors. This exploration resulted in the emergence one by one of these various concepts which took in this case the form not of abstractions but of specific aspects of the relationship between Grace True and her mother, between Grace True and her older sister, between the older sister and her mother, between the older sister and her husband, and between the husband and Grace.

Students of the "learner" type frequently acquire a facility in the use of terminology, and tend to use phrases and "lingo" to cover loose thinking. A student decides that in the family with whom she is working both parents are "immature." She does not really know what she means by immature. Her conference with the supervisor, therefore, takes the form of the endeavor to get the student to itemize immaturity in this case. Another student suggests that a boy with whom she is working is "emotionally tied" to his mother. The student is here using an important psychiatric concept. She is, however, quite unable at the moment to state the evidence upon which this assumption is based. She has identified the boy as a type but has failed to identify him as an individual within that type. The effort of the supervisor is to show the student the futility of any such description of the boy as a basis for effective treatment. This is a first step in developing within this student an ability to discern in a human being a concept with which she has become intellectually familiar as an abstraction.

Until students have developed this ability, they cannot be sure-footed in dealing with human beings in their professional work, nor can they make clear to patients, parents, and others the situations of which they are parts. There is no special pedagogy for the development of this ability. Its development is facilitated by all of the pedagogical methods already discussed in this chapter. The Bureau's insistence that students formulate specific detailed plans for each important step in treatment, the preparation of the quarterly summaries of treatment, the discussion of students' reports on interviews are all occasions used by supervisors for bringing home to students the importance of translating theories, concepts, and abstractions into the specific terms of the particular situations with which they deal. No aspect of field training is more important.

The second pedagogical problem defined on page 191 is the need of assisting students to a mastery of the essential elements of psychiatric social work in practice. Each case treated by a child guidance clinic or by any other agency for social case work represents a unified effort having a logical beginning and a logical development of its successive steps towards an increasingly well defined objective. One of the leading educational problems of the Bureau, therefore, was to enable each student to achieve such a mastery of subject matter and methods of psychiatric social work as would enable him to use them in this unified, logical fashion. A competent psychiatric social worker, considered as the objective of the Bureau's field training, was one who could gather an adequate social history, who could prepare from the social history and the results of the psychological, physical, and psychiatric examinations a diagnostic description of the patient's situation, and who could formulate and carry through a plan of social treatment.

Achievement of such competence is, of course, also the function of that part of the curriculum carried on in class

sessions. Class sessions primarily provide students with an opportunity to develop proficiency in the practice of social work in so far as such proficiency can be developed through study and discussion. Field work provides the opportunity to develop such proficiency in so far as it can be developed through experience. We have already suggested the educational problem presented by the necessity of correlating these two phases of training. In the program of the School this correlation is furthered in two ways. First, the selection of concrete case material as a basis of much of the class work brings this method of study approximately close to experience. Second, in the field work the constant use of conference with the student brings the method of experience close to the class method of study. We do not conceive of class work as confined to the discussion of theory and field work as confined to practice. Each should take the student over the whole subject of social work, the one primarily through the medium of study and the other through the medium of experience. Theory and practice, however, are involved in each.

The Introduction of the Student to Field Work. It will be remembered that the students who appeared for the first time at the Bureau for field work had had at least two quarters of experience in some other field and at least one quarter of class instruction in mental hygiene at the School. Over half of the students had had a much more substantial experience than this as social workers prior to entering the School. Few, however, had had any training in mental hygiene other than the one or two quarters at the School.

As the first step in introducing the student to the work of the Bureau he was asked to read a case record selected from the Bureau's current work. After the reading of the record, he met with other students beginning their field work in conference with the directors of social service for a non-

technical discussion of the questions raised by this record. This group discussion had two valuable results. It enabled the students to see certain logical steps by which one may proceed from superficial impressions of human behavior to an understanding of the factors responsible for such behavior in the relationship between the patient and other persons vitally connected with him. It also helped to reveal the students to themselves as being all in the same general stage of development in reference to psychiatric social work. This discovery tended to modify for the individual student an almost inevitable assumption that he was the one really unskilled person in a group of experts.

After this group discussion each student was assigned some specific task in connection with a case under treatment. At this point the planning of a sequence of experiences adapted to the needs of individual students began. Since the problems of conduct with which the Bureau dealt had a marked emotional implication, it was usually necessary to provide the student with a first contact in which his reception by the family or teacher would be assured and which could be made by the student with a minimum of emotional difficulty to himself.

In preparation for this assignment the supervisor made a study of all the information regarding the student available at the School. This included his experience before coming to the School, his educational preparation, his work done at the School prior to coming to the Bureau, and a record of any special interests which he might have developed. Some of these first assignments and the reasons for them are the following:

A student had had several years experience in a state institution for girls. Her first assignment, therefore, was with the problem of a girl not unlike those with which she was familiar.

A student, before coming to the School, had worked as psychologist in an institution: her first assignment, therefore, had to do with a

case in which the difficulties of the child were largely bound up with her psychological equipment, the specific purpose of the first errand being to explain this psychological equipment to the School.

Another student had been a school teacher for many years and her first assignment was, therefore, an errand to the school in which her familiarity with the routine of the public school could be used as a basis for confidence in her as a representative of the Bureau.

Another student was a Roman Catholic priest who had worked with delinquent boys; his first assignment, therefore, was in connection with a Roman Catholic boy whose problems were not unlike those with which he had been dealing.

Another student, who had, during her two months' work with a family agency, developed a feeling of confidence in the handling of family case work but completely lacked confidence in her ability to do psychiatric social work, was assigned first to a family presenting a situation very like those which come to family societies.

Throughout the introductory period of a student's training the effort of the supervisor in conference with him was to make the purpose and the procedures of the Bureau seem to be only a logical development of purposes and procedures already familiar to the student as a person with some experience in life. There was a further effort to capitalize, so far as possible, items in the previous experience and training or in the interests of the student in ways which might lessen the difficulty of his first contact with the families.

The Social History. The gathering of social history presents a rather formidable difficulty to students unfamiliar with psychiatric social work. The difficulty is due partly to the seeming irrelevance of much of the material required, partly to the student's lack of confidence in his ability to explain the purposes of the Bureau, and partly to timidity, prejudices, and other frames of mind which tend to block the student in his effort to make successful contacts. With students who seemed acutely conscious of the difficulty a useful introduction to the gathering of social history was frequently found in a discussion of the implications of the referring statement. The student was

asked by the supervisor to study this statement and to prepare an outline of the information which it would be desirable to secure in order to understand the problem presented and to formulate a plan of treatment. Such a discussion frequently led a student to recognize the relevance of many things which superficially seemed remote from the immediate situation.

At this point the student was usually ready for a discussion of the social history outline in use at the Bureau. Reference to this outline, however, was always deferred until the student had formulated in considerable detail his own ideas as to what might be relevant information in the case under discussion. The purpose of deferring discussion of the formal outline of social history was to prevent the student attacking the gathering of social history as a frenzied endeavor to memorize a questionnaire in order to gather a bulk of material the implications of which he did not understand. So far as possible, the staff endeavored to start the students on their first social history assignments on the basis of their own understanding of what was needed.

When the student was ready to be introduced to the formal social history outline, he was asked to study it and to compare it with his own analysis of the social history required by the case under discussion. This comparison was then made the basis of a conference and the implication of the divergencies of the two was considered. In discussing with the student the approach to a family for the purpose of securing a social history, it was the practice at the Bureau to make clear that usually the natural beginning for an interview was to learn what the family itself thought about the situation which it had brought to the Bureau's attention. With this as a starting point the effort was made to discuss the probable effectiveness of various leads suggested by the students as likely to yield the information called for by the social history.

For example, the student might be asked how he could,

in discussing the developmental history of the child, get at certain other facts which he desired to know. His suggestions on this point would be followed through in discussion to their possible results in an endeavor to bring out the uselessness or statements elicited by leading questions which brought "Yes" and "No" answers. The supervisor, in this preliminary conference, also discussed with the student the value of analyzing the possible psychological issues lying back of bits of history material as they came out and also the importance of being alive to the possibility of injecting suggestions having treatment value whenever the discussion of history material with the family presented a strategic opportunity. Such items as these helped to make clear to the student that the more he consciously applied in the gathering of social history the full range of his knowledge of mental hygiene and social work, the more likely was he to become aware of hidden emotional factors in the human situation, and, consequently, the richer and more accurate would be the results of his explorations for history material as such.

In discussing the social history outline the supervisor constantly endeavored to make it appeal to the student's imagination as something alive rather than as a mere list of topics. Ancestors, notably grandparents, are frequently stumbling blocks to the student who is likely to ignore them altogether or to bring in quite meager references to them. The supervisor usually suggested that information regarding grandparents and their early environment was often inadequate because to the social worker they are not interesting—just old people who sit in the corner of the kitchen, or who live up-stairs, or who are still in the old country. It was pointed out that these old people have frequently lived effectively, often adventurously. The very fact, if they were foreign born, that they had come to a new country was suggestive. Possible reasons for their coming were pointed out: An escape, from what?

Was their immigration an indication of vigor and initiative? How much of an effort was involved? How did their relatives feel about parting with them? How did they themselves feel about breaking away from the old environment? What does it mean to this old man that he lives in an East Side tenement in New York City? What equipment did he bring to this country? Has he used it? Was he a person of any importance in the old country? Is life here a disappointment? Ways in which the traditions, attitudes, and environments of grandparents may affect the parents, and hence the child, were suggested with an effort to vitalize this part of the outline.

To many of the more mature students with experience in social work, the outline presented no real difficulties. In such cases the students were given the outline at once, were asked to compare it with the problems presented by the cases to which they were assigned, and, after this preliminary discussion, they were regarded as ready to undertake the gathering of social histories.

In some instances students were more confident of their ability to gather social history than were the supervisors. Even though the preliminary discussion with a student of this type seemed unsatisfactory the supervisor frequently allowed him to undertake the gathering of social history without resolving the difficulty. This was in the belief that the student's point of view might be dealt with more effectively when the discussion could be directed towards the result of his effort rather than towards his a priori notions about history taking.

There was no more strategic point in the sequence of experiences for the student than the first conference with the supervisor after the student had begun to gather the social history. As was to be expected, most students returned from their first effort at history taking with inadequate material.

The more common defects of the inadequate reports which they brought back were meagerness of data, important leads not followed, and a lack of range in their conception of the problem which needed to be explored. It was the purpose of this conference to lead the student to recognize these defects and to suggest ways of remedying them in subsequent interviews. It was at this point that much of the effort of the Bureau to develop the student's capacity to discern facts and concepts in human beings and concrete situations, discussed earlier in this chapter, became a real pedagogical problem. It was here, also, that many of the typical attitudes of students, which are discussed in the next chapter, became apparent.

There was no formalized pedagogy for the handling of these conferences. With many students a discussion of the possibilities of diagnosis and treatment plan on the basis of the material presented in the students' reports was enough to reveal their inadequacy. In other cases, it was necessary to be quite minute in a discussion of leads in order to convince the student that more information was required or that needed information could be secured. For example, a mother, recently widowed, who showed little affection for her boy, placed him in a boarding home and saw him infrequently over a period of four years. She then took him home to live with her and soon afterwards the boy was referred to the Bureau. The student who was assigned to secure the social history of this case brought back no information regarding the period covered by the boy's life in the boarding home. There seemed to her no way by which such information could be secured since the mother had not volunteered it and did not seem willing to talk about it. The effort of the supervisor was to help the student to see the importance of such information. The student had no difficulty in recognizing the value of knowing how often the mother saw the boy when

he was in the foster home, why she saw him so infrequently, how the boy behaved on those occasions when the mother did visit him, how the mother felt when she took a strange youngster back into her home, how the boy may have felt and how he may have behaved on that occasion. During the process of building up a sense of the importance of data on these points, the student began to consider how it might be secured. The discussion went far towards removing her unwillingness to lead the mother to discuss this period with her and it also led her to see the value of the boarding mother as a source of information.

Another typical illustration of discussion with a student at this point is the following: A student was gathering history in a case where the parents were separated. She had interviewed the mother but had not asked the mother's consent to see the father. The supervisor inquired why. The student referred to the disadvantage of attempting to see the father at this time because she feared the mother would be antagonistic to the suggestion and she hoped to gain the latter's confidence before pushing further into her private affairs. She did not wish to appear to be "prying." The supervisor suggested that the student consider what advantages there might be in a conference with the father. The advantages were obvious but the student declared that she was sure the mother did not wish us to see the father because she could not understand why we were interested in him. The supervisor asked whether our reason for wishing to do so might not have been made clear to the mother to which the student replied that she had intended to do so at a later date. After more questioning by the supervisor, the student finally decided that the longer she postponed securing the mother's permission for this contact the less reason the mother would see for making it. In this instance, an inexperienced student was enabled to overcome an aversion to the discus-

sion of what might have seemed a distasteful subject to the client by becoming aware of the real importance of such a discussion.

Some of the pedagogical implications of conferences with students in regard to the gathering of social history are indicated in the discussion of typical student attitudes in the next chapter.

Diagnosis. Psychiatric social workers are not trained to make psychiatric diagnoses. They are trained, however, to make diagnostic summaries of cases under the guidance of a psychiatrist. This involves an ability to reason one's way through the mass of material yielded by the social histories and the psychological, physical, and psychiatric examinations to an understanding of the factors in the problem and to a description of the situation in terms which make treatment possible.

At the Bureau the students arrived at the stage of attempting diagnostic summaries rather late in their training, although they were from the beginning urged to consider, even during the gathering of social histories, the diagnostic implications of data as secured. During the later stages of training each student prepared a diagnostic summary for each case on which he was working.

The diagnostic summary was made the basis of discussion at the conference between the psychiatrist, social service supervisors, and students. It was the purpose of this conference to arrive at a working diagnosis of the case as a preliminary to treatment. The student was expected to summarize the discussion of the conference, and his original diagnostic summary was then compared with the result of the conference in a discussion with the supervisor. It was the purpose of this discussion to consider with the student the implications of the differences between the two.

Treatment. The process by which students became aware of the full implications of social treatment, including both

subject matter and methods, comprised practically the whole of their educational experience. In the discussion of child guidance in Part I we presented a number of concrete aspects of social treatment and described the relationship of the student to them. We shall refer here only to a few focal points of pedagogy in this aspect of the Bureau's work.

As we have indicated earlier in this chapter, we consistently required students to formulate in writing their general plans of treatment as soon as the study of the social history and of the results of the examinations permitted. Students were also required in general to plan particular interviews with something like the same detail.

From one of our case records we make the following quotations to illustrate (1) the treatment recommendations in one case as formulated at a regular staff meeting, (2) the plan for next steps as formulated by the student in conference with the field work supervisor, and (3) the first interview of the student with the family after the formulation of the plan. This illustration is presented not because this interview shows anything like a complete carrying out of the plan proposed, which obviously required a considerable amount of time, but because it shows the effort of the student to direct the interview in such a way as to contribute as much as possible towards the furtherance of the plan.

Treatment Recommendations.

There are many constructive elements in the present environmental situation.

If the sister furnishes the child with a normal home life, cleanliness, and regular meals, if the child makes a transfer to her sister, and also is given glandular therapy and treatment for her visual defect and her ears, these things, together with her positive relationship with the baby of the family, which enables her to identify herself as an older person, will do much to stabilize the child. And as she becomes better adjusted in the home and acquires an increasing feeling of security, she will probably do better in school also. Yet it is felt

that her adjustment in school should not be left entirely to time but that she should be given special drill in arithmetic. The teacher also should have the child's behavior interpreted to her as an attention-getting mechanism and be encouraged to ignore it and to occupy the child's energies by giving her much to do.

She can be given libidinal security from a father-person in her contacts with the psychiatrist and this will help her to adjust herself in spite of her constitutional limitations. It is hoped, however, that she is not too ambitious.

With the mother out of the way and the child in care of her sister, who is a more stable individual, we can project into the situation a much more healthy experience for her. If we don't dissociate this identification pattern of hers, she can easily become a prostitute. It is this which the sister fears when she refuses to let her play with boys.

Plan

Glasses.

Glandular medication.

Give teachers understanding of her behavior and try to get teacher to cooperate with Mrs. Emery in being a mother to the child.

Get brother-in-law and sister interested in making child feel secure in the home.

Stimulate ego desire in Mrs. Emery to assist Grace in growing up.

Vocational guidance as soon as child feels secure.

Interview

Worker called at home. The Emery apartment is located on the fourth floor next to the elevated train. It has four rooms and a bath; each room has an outside window. It is lighted with electricity and heated with a large coal stove. The furnishings are neatly arranged, the apartment light and airy and beautifully clean. Grace has a new day bed in her room, some chairs had been repainted and curtains laundered, the beds clean and neatly made. Worker commented on the attractive appearance of the home, to which Mrs. Emery replied that she and Mr. Emery were both enjoying it and taking a pride in fixing it up.

Worker was early for her appointment. She had learned that the Girl Scout rally was being held and thought that Grace might like to attend. Both Grace and her sister were delighted with the idea and while Grace dressed, Mrs. Emery prepared her lunch. She

had broiled steak, boiled potatoes, a glass of milk, a roll, and apple pie. All were well-cooked, clean, and nicely served. Mrs. Emery insisted on serving worker pie and tea.

Grace was much interested in the Scout rally as she had been a member of a troop over at St. Mark's Church. During the rally she several times expressed a wish that she could go back to St. Mark's for Scout meetings. When worker suggested trying to find a troop in her neighborhood her face would cloud and she said, "No, no, I want to go back to St. Mark's but that is too far, and it would cost too much carfare."

Returning to the Emery home, had talk with Mr. and Mrs. Emery. Mr. Emery is a neat, pleasant-faced man, large and capable looking. He talked freely, saying he wanted his wife to keep Grace because he realized that to be left alone would be worse than death for a child Grace's age—hoped they could do something to make her happy. He expressed pride in the belief that Grace was improving, especially since they had moved. He said, "The move did us all good. Laura and I had often wanted to move and when our mothers died it seemed a good time to leave." He seemed frank, interested in Grace, and spoke of her in a friendly manner. He said, however, that he was just a chauffeur and did not get very much and that their expenses had been heavy, so what they could do was limited. He makes $35 a week; $5 he keeps for lunches and carfare, $30 goes to Mrs. Emery, who pays rent, buys food and clothes and pays insurance. Worker told them of the effort she had made to find some means of getting a pension that would take care of the clothes and recreation, that we would try to secure this. Both Mr. and Mrs. Emery were much pleased and expressed their appreciation saying that if this could be done it would help them so much and enable them to give Grace the things she so greatly needed.

Tried to show them what their interest and affection was meaning to Grace and that if she was improving it was perhaps because she was enjoying her home and responding to their efforts to build her up. Tried to show them that whatever they did for her might mean the shaping of the sort of person the child would become, stressing the fact that any child coming to a new home would want to know that she was wanted and would respond to any personal attention or affection. Stressed the fact that Mrs. Emery was now in the place of a mother to Grace and that what she was able to do in making

the child feel secure with her would certainly be to her credit and something of which she should feel proud.

Told Mrs. Emery of Bureau's decision to give Grace her medicine that Dr. X felt she needed, also that worker was trying to find if glasses could be secured for Grace through public schools. Mrs. Emery told worker that for the last several years she had paid premiums on insurance for Mrs. True and at her death she got $700 which enabled her to pay for the funeral, settle some debts, and buy Grace a bed and a few clothes.

Interviewing is probably the most important process in social case work. The major part of the social case worker's time is spent in interviewing clients or other persons in their behalf. Skill in interviewing can be developed if one has the necessary native equipment. It is developed largely through experience, although schools of social work have discovered that it is possible to accelerate the development of skill through a combination of experience and study. The conferences between supervisors and students were usually based upon the results of student interviews. These interviews were directed at times towards the adequacy of the student's social history data, at times towards the student's conception of mental hygiene and the functions of the Bureau, and at times towards the analysis of a patient's problem, but they always involved some attention to the student's interviewing skill. From the point of view of effectiveness of contact and achievement of purpose in interviewing, the insistence of the Bureau upon planning in preparation for interviews became an important factor in the development of interviewing skill. In the foregoing illustration, it is of course possible that an equally effective contact could have been made with Mrs. Emery on this occasion without any such specific plan as the record contained. Nevertheless as a matter of general practice the habit of precise formulation of purpose and of next steps results in much more effective

interviewing contact, a more economical use of time, and a greater degree of precision.

The reports of treatment interviews brought back by students were subjected to the same process of analysis and discussion between student and supervisor as has already been referred to in connection with the social history. Questions to be asked regarding a report of an interview are: What has been achieved? In what respect has this information been adequate? Could it have been made more nearly adequate? And how? Where does it leave us? In these conferences in general the students were asked to make their own analyses. They were asked to find answers to their own questions which then became the basis of discussion in order to determine their adequacy in terms of the problem in hand. The following is a more or less typical summary of a student's difficulties with treatment.

The social work in one of the Bureau cases was in charge of a student who seemed to be overwhelmed with the details of the job. She had considerable understanding but experienced difficulty in marshalling her forces and actually doing a piece of work with an individual. Her work in interviewing had not been effective because she was acutely aware of the obstacles to success and could not keep the conversation going. Her questions tended to bring "Yes" and "No" replies. She was frequently reduced to giving her clients a lecture, telling them all she knew because she felt herself unable to draw them out.

The problem was that of a ten-year-old boy with dull normal intelligence, whose father was dead and whose mother had boarded him out for some years. The boy had had a somewhat fearsome experience in this foster home where he was severely disciplined. At the age of seven he returned to his own home where he found an uncle, a younger brother of the mother, established as head of the family. This uncle had no affection for the boy; both he and the mother considered him "dumb" and goaded him about his school failure, as a result of which he had been referred to the Bureau by the visiting teacher.

The visit which initiated treatment resolved itself into an argument on the part of the worker with the uncle designed to convince the uncle that he should change his attitude towards the boy. The uncle, who resisted every suggestion made by the worker, finally stated that he had little interest in the boy and would certainly not make any endeavor to play the role of father to him. The mother was somewhat less antagonistic but the student did not feel that either she or the uncle understood what the Bureau was trying to do or would cooperate in any other effort than to place the boy in an institution.

The supervisor's conference with the student began by the suggestion that they state the major problem, which the student then defined as the relationship of Stephen to his mother and uncle. On the surface, Stephen's low intelligence and his failure at school seemed to lie at the basis of the attitudes of the two adults. After a little discussion, however, it became clear that neither was a satisfactory explanation of these attitudes. The boy's low intelligence and his school failure were irritants rather than causes. The student was then asked whether she had any understanding of the cause of the uncle's attitude towards the boy. When she replied that she really had not, the supervisor explored with her what the Bureau knew about the uncle and his relationship to other members of his own family. This revealed the facts that the uncle had been brought up by a widowed mother of whom he saw little, that his sister, Stephen's mother, had always played the part of mother to him, that he had no social contacts, and little interest in anything aside from his business and his home. Through this discussion the student gradually came to perceive that Stephen was probably a disturbance in the uncle's otherwise satisfying life and that the basis of his attitude towards the boy might well be jealousy at the attention Stephen received from his mother.

A similar combing of the information in the possession of the Bureau regarding the mother led the student to decide that her relationship to the boy could not be understood without first knowing what had been her childhood relationship to her own parents and to her brothers and sisters. At this point the problem of this case was definitely related to the theory of emotional development which is discussed in the courses given at the School.

Much of the information needed for an understanding of the

attitudes of the mother and the uncle was not available. The discussion brought out several points which the student would need to cover, such as the mother's feeling about the boy's dullness, the implications of the ambitions which the father and mother had had for their children, the mother's recognition in the boy of certain undesirable traits of his father, the relationship which had existed between the parents, the reason for their marriage, etc

The various points covered in this whole discussion were recapitulated in the hope that the student, instead of being lost in a welter of items which she might wish to run down, would be quite clear regarding certain specific points which might be taken up in her next interview. She was then asked what her next move in treatment should be. She felt that the mother should be seen alone in view of the uncle's attitude and was asked where she could best arrange for the interview to be held. She suggested that, since the mother was planning to bring the boy to the Bureau for a psychological test, she might see her there while the boy was with the psychologist. She was asked what might be the specific purposes of the interview and suggested that we ought to show the mother that we really wanted to do something concrete and helpful. She suggested that we try to get the mother's cooperation in arranging for the boy's admission to an opportunity class at school and in arranging also for his joining a boy choir, the advantage being that the mother was already interested in it as a possibility. In addition, the student suggested that she endeavor in this interview to get the mother to see what she herself could put into the boy's experience in the way of security, affection, and a sense of accomplishment.

The student was then asked how she was going to work out this interview. She suggested discussing the school, asking the mother's own plans for the boy and her ambitions for him, suggesting the opportunity class and stressing the boy's good mechanical ability. Pressed by the supervisor, the student began to consider the possibility of leading a discussion with the mother of her ambitions for the boy to the further discussion of the father's ambitions for him. In view of the student's interviewing difficulties, it seemed necessary to push still further by asking her how she might get into a discussion of the father's ambitions. The student offered the suggestion that she might ask the mother if she and her husband had ever

discussed plans for the boy. This was a good lead and together the supervisor and student explored its possibilities, the supervisor endeavoring to show the student how she could work from point to point picking up leads as she went.

This looked like progress until the student asked, "Suppose the mother says, 'We never discussed plans for Stephen'." She was asked to think a way out of this situation. She finally decided that she might find out whether the parents ever talked over any important matters. If they did, why did they not discuss the boy? If not, what is the mother's explanation of their not doing so? Asked by the supervisor where this inquiry might lead, the student stated that it might easily and naturally lead into a discussion of the marital relationship which she had thus far been unable to discuss.

We have presented the questions of this conference in some detail, not because it was unusual or of any special significance, but merely to illustrate the general trend of the Bureau's pedagogy in such conferences. It is obvious that in this conference the supervisor was dealing with a student who was not sure of herself in the field of mental hygiene, who was blocked to some extent by her own emotional attitudes, and who had not developed easy mobility in the use of such knowledge as she had. We present this illustration as a part of the discussion of methods used to assist students to master the processes of psychiatric social work. It is, however, obvious that it illustrates equally well all the other pedagogical problems discussed in this chapter.

An important part of field training involves the use of other agencies. In using other agencies, there is frequently a tendency in social case work to expect of them more than it is possible for them to contribute to one's own purposes. We have tried to develop in students an ability to identify themselves with a cooperating agency, that is to say, to look at the request which they propose to make of such an agency as the other agency will of necessity have to look at it. To do this, it is necessary that the student have a clear, concrete

conception of the contribution which the other agency may make to the Bureau problem. This conception must be based upon an equally concrete understanding of the kind of service which is the function of the other agency and the limitations upon this service which its charter, its policies, or its facilities, place. By conceiving of a cooperative plan of treatment as a problem of the other agency as well as a problem of the Bureau, our students were given a basis for cooperation which makes for satisfying relationships.

Owing to the confidential nature of records, it is not often practicable to exchange records among social agencies. It was, however, often possible to secure from the records of other agencies or from summaries supplied by them certain information regarding Bureau patients who are known to these agencies which eliminates a good deal of questioning otherwise an important part of our social history. Such data as the following can be so secured:

Reaction of the patient to contacts with the other agency.

An impression of the personality of the patient produced by reading records of the other agencies.

Certain objective data such as the number of schools attended, relatives, frequency of opening and closing the record, etc.

Understanding of factors in the relationship with the agency or recorded by the agency which may have emotional significance.

Effective cooperative relations with other social agencies carries with it the obligation to be informed regarding their possibilities and limitations. Any form of social case work, when used by another agency, should make possible for the latter a better adaptation of its own service to the individual with whom it deals. To make this contribution entails the kind of understanding which would enable the worker to avoid seeming to impress her own organization's needs upon the other agency.

Chapter IX

FIELD WORK: THE PERSONALITY EQUIPMENT OF THE SOCIAL WORKER

THE pedagogical problems discussed in the preceding chapter are problems which are solved largely through guided experience and the discussion of such experience in terms of these problems. A trained social worker, however, is something more than a person who has acquired certain distinctive knowledge and experience. The period of training is marked, also, by certain definite personality developments which are quite as important in the practice of social case work as are experience and education in the more limited sense.

The third pedagogical problem listed on page 191 is the modification of certain typical attitudes which interfere with efficiency in the practice of psychiatric social work.

Any group of students preparing for social case work will reveal certain typical attitudes which have significance in the administration of an educational program designed to equip them for responsible work with other people. These attitudes are not new either in education or in the broad field of human relationships. They have, however, so strong a bearing upon the success of social case work that it is necessary in a program of field training both to define them more sharply and to deal with them more definitely than is ordinarily attempted in professional schools. Among the more common of these student attitudes as they were encountered at the Bureau were the following:

Timidity.
Exaggerated sense of authority.
Lack of faith in mental hygiene.
Prejudices and preconceptions.

The explanations of these attitudes are varied, complicated, and frequently obscure. They may have their roots far down in the emotional life of the student; they may be nothing more than evidences of inexperience. None is wholly bad; but their potency in determining the value of an individual's work with other people is clear. Our discussion is not designed to bring out a scientific explanation of them. It aims rather to present briefly their more familiar aspects in students, and the Bureau's efforts to modify them in so far as they have seemed to be handicaps to helpful relationships with unadjusted people. Discussion of methods of dealing with these attitudes reveals some overlapping with the subject matter of preceding chapters.

In so far as we have endeavored to deal with these attitudes directly, we have had the following purposes in mind.

To help students to see the bearing of such attitudes upon efforts to realize the purposes of psychiatric social work.

To help students to find in their own achievement a basis of security with respect to themselves and to their professional obligations.

To help students to substitute for dogma in regard to human behavior reasoned conviction based upon study of facts.

Timidity. Timidity in students shows itself in field work most commonly in an aversion to probing or prying into the intimate affairs of other people. In so far as this is a reflection of a fine kind of sensitiveness to the right to privacy, it is an admirable trait in those who have to deal with other human beings. So long, however, as the effort to understand his client seems to the worker a form of prying rather than an important preliminary to genuine helpfulness, it will probably be made with embarrassment to worker and client alike. This is an attitude which is familiar to every supervisor who has undertaken to train students. Familiar also

is the timidity which is due to lack of confidence on the part of the student in the soundness of his own judgment. Timidity at other times is shown in a fear of authority, an unwillingness to assert oneself in the face of those who speak and act with the emphasis of final conviction. Timidity again may be due to a sense of social insecurity, the product usually of a long and unhappy buffeting at the hands of environment, as a result of which the individual has grown to maturity with few foundations upon which to stand in his relationships to other persons. Timidity may have none of these phases but may mean only that the student is not sure of herself in the field of mental hygiene.

Whatever form timidity takes the student must be assisted to overcome it and the process of achieving this result is a highly individual one. Often timid students can be helped by providing them with experiences through which they can become confident of their own achievement in a field in which many unfamiliar factors have conspired to make them timid. A student who had never found it easy to mingle with people came to the Bureau after six years as a psychologist in an institution. This position, remote from city life, involved little initiative on the part of the institution staff and, working along an established routine, provided a sheltered existence congenial to the worker's disinclination for taking the initiative in human contacts. The change to life in New York City, the constant demand for initiative and the carrying of responsibility in Bureau field work, marked her out as a timid person, not sure of herself in mental hygiene, lacking confidence in the soundness of her own judgment, and averse to the necessity of finding her way into the intimate details of other people's lives, although she was intellectually and personally well-equipped for social case work.

It seemed necessary, therefore, to plan first steps in a sequence of experiences at the Bureau which would yield a

reasonable measure of security for her. Accordingly, her first assignment was to interpret to the school teacher of one of the school children under treatment a psychological examination which had been made at the Bureau. The result showed the desirability of a change in grade for the girl with a recommendation that tutoring would not be profitable. This assignment was deliberately selected since it offered the student an opportunity to re-create her experience as a psychologist. In other words, it put familiar tools into her hands. She was meeting the school authorities in an area in which she had herself a large measure of achievement to her credit.

It was anticipated by the supervisor that the school might not accept the Bureau's interpretation of the psychological examination. It was, however, assumed that this possibility would have educational implications for the student with direct bearing upon her timidity, since it offered her the opportunity to deal with opposition within an area in which she was confident of her own capacity. In this instance there was no opposition at the school, but the school had already handled the problem of the girl in a way that seemed satisfactory to them and the authorities were consequently more or less apathetic to the suggestions of the student. Reinforced by confidence in her capacity to see further into this problem than the school authorities were able to do, however, the student contrived to discuss some of these less obvious implications with the result that the school modified its plan to a considerable extent.

In this instance a timid student was given a sense of achievement in a new field of work by making use of unusual professional equipment which she already possessed. It is frequently possible to achieve the same result when a student shrinks from an assigned task by helping him to recall other comparable tasks in his own experience which he has handled successfully.

In other cases, it is possible to minimize the student's timidity by confining discussion of his work for the moment to those aspects of it in which he has definitely accomplished something, leaving the less successful aspects in the background for comment later. A much commoner method of assisting students to overcome timidity is to restrict their early assignments to simpler tasks with which there is every chance of their achieving success. It is also possible, with students whose timidity persists, to go over with them at intervals the whole of their assignments thus far to enable them to see the aggregate of their achievement. Group meetings in which, through discussion, students became aware of the fact that other students were meeting difficulties like their own and overcoming them were frequently helpful.

With students who were not sure of themselves in mental hygiene, the most helpful procedure was painstaking discussion of the psychiatric implications of the situations with which the students had been having difficulty. At the Bureau, this was accomplished by direct discussion of these issues, by reminding students of points made in the courses in psychiatry which they were taking at the School, and by reference to reading material which would tend to clear up their difficulties. It is an interesting fact that many of the students who exhibited timidity because they were not sure of themselves in the field of mental hygiene were persons of considerable experience in other fields of work.

A student with successful experience in child placing visited a family which was in financial straits, a widowed mother out of work and behind with the rent, upon whom a dispossess notice had been served. The mother and grandmother were tense and nervous. They spoke little English and were quite unable to cope with the landlord. They turned eagerly to the worker for assistance. The worker offered no suggestions believing that these were problems which did not lie within

the field of mental hygiene. They seemed to her barriers to the work of the Bureau rather than a part of the Bureau's problem. She returned to her supervisor for advice. She was asked whether she had done all that could be done for the family under the circumstances and replied with some sensible suggestions of what might have been done had she called upon them in her old capacity as a children's worker. With the supervisor, she then analyzed the situation facing the Bureau with the result that she came to appreciate the points of likeness and similarity between the field of psychiatric social work and other forms of case work. Her discovery that her previous experience in another field contained much that could be incorporated into her work at the Bureau, that there were no impossible barriers between the two, went far towards giving her a greater degree of assurance in tackling the problems with which the Bureau was dealing.

In another instance, a student who had had good training in family case work but was not sure of herself in the field of mental hygiene, after one of her first Bureau contacts asked how a parent could be helped to understand the work of the Bureau. The resulting conversation with the supervisor was then more or less as follows: The student was asked how she would answer this question herself and replied that she could tell parents that the Bureau was interested in getting at the root of the matter. When asked to define the root of the matter, she stated, "It is finding out why a child does things." After expanding this point in the effort to assist the student to see that all conduct has a cause, the supervisor asked how we could show parents that we were interested in discovering the cause of the child's conduct. To which the student suggested that we could offer to bring the child to the Bureau to talk things over. The supervisor suggested in reply that the parents might rightfully say that they had talked things over with the child to no purpose so far as they could see. The

student's suggestion here was that we could tell the parents that the doctor would talk to the child but she seemed to be blocked for the time being when the supervisor suggested that the parent might say that the child had already seen many doctors without result. The student finally arrived at the point of saying that she did not see how the purpose of a psychiatric examination could be made clear to parents. When the supervisor asked, "Is it clear to you?" the student began to realize that it was not. The supervisor then suggested that the student endeavor to think out the purpose of a psychiatric examination and to put her ideas into simple language. She did so with a result that seemed adequate to the supervisor and which in part removed the student's timidity on this particular point.

When timidity is due to aversion to the minute exploration of family affairs indispensable to a good social history, it may be more difficult to overcome. In such instances, we have found it effective to discuss first with the students the final objective of the treatment of children. What do we really want to achieve in behalf of this youngster for whom life presents difficulties? By vitalizing the objective so that its achievement carries an imperative obligation, students will frequently overcome their timidity with the result that certain steps in the process of gathering social history, for which they have a definite aversion, are taken, if not with less embarrassment, at least with a greater conviction of their value. As a step in this process, it is frequently helpful to canvass with the student other methods of reaching their objectives which might not involve so comprehensive a social history. Ordinarily, the inadequacy of such methods becomes apparent after brief discussion.

With some students in whom timidity is apparently reinforced by prejudice or stubbornness it is necessary to insist upon certain steps from which students shrink solely because

they are, in the judgment of the staff of the Bureau, indispensable to successful work. Ideally, this is a last resort as it frequently involves the doing of things which run counter to a student's conviction. Where there is reason to believe, however, that the value of these steps once taken will be apparent to a student whose aversion to them is due primarily to timidity rather than conviction, this authoritative insistence upon such steps may become a useful training method.

There will always be students whose timidity in social case work is due to some deep-seated emotional problems of their own. The deep-seated nature of such problems is probably more often revealed in psychiatric social work than in other forms of social case work because the very nature of the subject matter of mental hygiene tends to make students more aware of them and, therefore, brings them to the surface. In such cases the task of the supervisor may become therapeutic as well as educational. The combination presents difficulties and demands a high degree of sanity and balance in the supervisor. The experience of the social service staff at the Bureau demonstrated its possibilities. Their success may have been greater in such cases than supervisors of students in field work can ordinarily achieve, both because they were working in the field of mental hygiene and because they were a part of the School organization with a closer relationship to the students than most other agencies have. In some cases at the Bureau the adjustment of the students seemed to call for even more expert handling, and we found it desirable to put them in touch with a psychiatrist for advice regarding their own emotional difficulties. This is a phase of the problem of training which is discussed elsewhere in this report.[1]

An Exaggerated Sense of Authority. It is a major objective of social case work to assist clients to develop a capacity to

[1] See pages 257-260.

make their own adjustments to life. We have already discussed the general conviction of mental hygienists and social workers that decisions arrived at through the independent judgment of the person concerned are likely to seem more valid and more serviceable to him than courses of action imposed upon him by outside authority. It is this realization which gives to the principle of the participation of the client in the formulation of plans for treatment its importance as a procedure in social case work. The use of this procedure is at the opposite pole from the authoritarian type of contact with other human beings.

An exaggerated sense of authority, as a common student attitude, shows itself in a variety of ways. It shows itself frequently in resistance to supervision. It shows itself again in an overuse of authority in dealing with patients, or it may express itself in an intolerance of other people and of other forms of social case work. This is another attitude which may be deeply rooted in the student's emotional life. It may cover pathological conditions of serious significance necessitating, for any adequate handling, the treatment of the student at the hands of a psychiatrist rather than treatment along strictly pedagogical lines.

Nevertheless, it is an attitude which will frequently respond to pedagogical methods. When it expresses itself as resistence to supervision, frequently as a result of a belief on the part of a student that he is as competent in the field of social case work as the supervisor, it is sometimes desirable to allow the student to work out his own ideas. Wherever these ideas prove valid in practice they are, of course, to that extent a justification of the student's attitude. The whole philosophy of pedagogy at the Bureau involved the maintenance of open-mindedness on the part of the instructing staff with reference to the validity of ideas not their own.

The serious pedagogical problems arise with students whose

exaggerated sense of authority really stands in the way of effective work. Their resistence to supervision can frequently be modified by the process of exhaustive and minute criticism of their work in order to arrive at an impression of its total effect. If the student really needs supervision this process is likely to reveal the inadequacy of his own work for the achievement of his own purposes in behalf of the case under treatment.

Where students are inclined to be over-authoritative in their dealings with parents, the pedagogical problem is somewhat different. The Bureau staff found it effective to ask such students to analyze difficulties which had been created or intensified for them in their own lives or in their own professional work by authoritarian attitudes on the part of acquaintances, parents, courts, schools, etc.

A student came to the Bureau without previous training in mental hygiene but with several years experience in teaching and a long experience in the direction of a state institution. She had a keen sensitiveness to people and had learned some rich lessons about the importance of working with people in a non-authoritative fashion. Her experience, however, had been almost exclusively in positions where her efforts in behalf of individuals were backed by the influence and sometimes by the legal powers of the organizations which she represented. On her first visit to a family, she was met with the statement that the girl under treatment and her mother wished to discontinue their contact with the Bureau. The student felt inadequate to cope with this situation and took refuge in the statement to the family that the Bureau would decide whether they wished the contact discontinued. The Bureau, of course, had no right to make any such decision for the parents. The student was evidently making use of authority in the sense in which she had in her previous positions been accustomed to wielding it.

In another case, the Bureau had made several efforts to get into touch with a difficult girl. The student had made several efforts and her last one was a second attempt to meet the girl at school. A note had been sent to the child for the second time asking her to step in the office to see someone on her way downstairs and for the second time the child failed to comply with the request. In reporting this to her supervisor, the student remarked with a glint of revenge and a note of authority in her voice, "You see, this was the second time she ignored a message from the office and, of course, she will have to account for it. The school could not overlook that."

In both these instances, the student found herself blocked in every effort. She felt cut personally and inadequate, whereupon she dropped back into the old pattern of not letting the child "get away with something." In handling the first incident, the student was asked what the Bureau could do even if they determined to continue contact with this girl who no longer wished it. The student realized that such contact would be futile, but added that the girl was not ready to go on without the Bureau's help and that the attitude she took was a very superior one and certainly not wholesome. The supervisor then asked why people assumed such attitudes. To which the student's reply was that they sometimes did it to show the other fellow that they are better than he thinks they are and sometimes to demonstrate to him that they are better than they themselves really think they are. At this point, the student recognized and conceded that her attitude towards the girl had in it something of the same implications. This attitude in the student was then connected with the student's consciousness of constituted authority behind her in her previous positions and she saw at once the danger of adopting such an attitude in work at the Bureau. In the second incident, it was not necessary to

trace the student's authoritative attitude to her own previous experience but the discussion centered around the implications of such an attitude for the possibilities of future contact with the child. The discussion made it clear that persistence in this authoritarian attitude could only complicate the situation.

The exaggerated use of authority in handling other people is frequently due to failure to appreciate all the factors which have entered into the conduct under criticism. A predisposition in favor of authoritarian measures was often changed by the student's introduction to the exhaustive study of the physical, psychological, and social factors that are brought out in the study of cases at the Bureau. This does not necessarily happen automatically. A definite pedagogical procedure is called for in going over with students the significance of these factors which present the children and their families as the product of circumstances which make moral judgments and the use of authoritative dicta to a large extent irrelevant in their treatment.

Beyond question, mental hygiene has within an incredibly short time revealed so many new explanations of human conduct and new possibilities of adjustment as to make it seem to many people a panacea for human ills. Especially in the hands of immature persons, it tends to overshadow other forms of service to human beings in need. It is perhaps inevitable, therefore, that we should encounter occasional students who in their newly acquired zeal for this form of helpfulness exhibit intolerance of other fields of effort. In the educational work of the School, this tendency is counteracted to some extent by the fact that students preparing for mental hygiene are given a diversified preparation for social work in which some attempt is made to correlate the subject matter of mental hygiene with the other necessary factors in the equipment of the social worker.

Nevertheless, we do find students who are intolerant of other forms of social work, particularly of social case work. In dealing with this attitude, it has been found helpful in the field work to emphasize the fact that psychiatric social work is a form of social case work, and to indicate the extent to which psychiatric social work as practiced at the Bureau has taken over useful concepts and methods from other fields, notably from the field of family case work, as well as having contributed its own material to these fields. It has been illuminating also to some students to have pointed out the fact that what we know as mental hygiene (as distinct from psychiatry) is not new in human experience but has always been practiced as a matter of fact whenever human beings have dealt helpfully with the emotional problems of others. The invariable practice of the School in requiring, as a part of the preparation for psychiatric field work, experience in at least one other field, preferably that of family case work, has contributed to the development of tolerance towards other forms of social work.

There is no one method of dealing effectively with an exaggerated sense of authority in a student. Of all the methods referred to in this discussion, the two most important are first, the attempt to show the student the limitations of an exaggerated use of authority for his own purpose in behalf of clients, and second, to bring into his consciousness by discussion with him situations out of his own personal and professional experiences in which authoritarian attitudes on the part of other people have created or intensified difficulties for him.

Lack of Belief in the Job. It might be assumed that since training for psychiatric social work is optional with students, such training would not be undertaken by students who lacked a definite belief in the value of such work. It happens, however, that some students have sought such training not

with the idea of becoming psychiatric social workers, or indeed of practicing psychiatric social work, but because they believed some knowledge of the subject matter of mental hygiene to be useful to them in other fields.

This lack of faith has at times taken the familiar form already referred to of a conviction against the right of the social worker to probe into the affairs of other people. Again, it has taken the form of a belief that there is no real need for social case work but that other programs of social work, such as community organization and recreation, and other interests, such as religion or aesthetics, are all sufficient in assisting a person to a successful adjustment. We have had also some students who believe that there is no social value in any meliorative work with the intellectually inferior. Finally, we have had students who, while ready to concede some value to mental hygiene and anxious to equip themselves with it, have, nevertheless, been skeptical regarding all its implications as the School discusses them.

This particular attitude on the part of students is in some particulars dealt with by the same methods that are used in connection with other attitudes already discussed. One student, who resisted the necessity of wide exploration into the affairs of a family as a basis for psychiatric treatment, when asked to analyze his part in helping some other person to make a personality adjustment, rose eagerly to this opportunity and discussed in great detail his interest in a friend who had presented difficulties not unlike those faced by the family under discussion. In the course of discussion with the supervisor, it became apparent to him that his success in the instance he cited was due largely to his knowledge of certain facts regarding his friend which were identical in nature with those he shrank from seeking in connection with the Bureau's client. This discussion did not change his point of view completely but it did make an impression. When

coupled with other approaches to the same question, the general effect was to lead him to modify his position. Another method used with this same student was to ask him, after analyzing the patient's need, to suggest ways of meeting it which promised success without involving an elaborate social history. It was also found helpful in dealing with this student to permit him to undertake certain experimental tasks, the importance of which he was ready to concede and out of which he gained some insight into the value of the processes of social case work.

The study of case records has been found helpful with such students, when these are discussed with the supervisor in the effort to find the data in a social study which later became factors in successful treatment.

At times it is necessary to resort to argument. For example, it is pointed out that in social case work no ethical significance can be attached to the data of the social and psychiatric examination as these data first appear. Such data are secured not for the purpose of furnishing a basis for an ethical judgment of the client but for the scientific purpose of determining the causes of his predicament and the resources available to him upon which he can build a satisfactory adjustment. Argument is again used to point out to students who believe that there is no social value in work with the intellectual inferior that the social contribution of the intellectual inferior is in reality of tremendous importance to mankind.

Skepticism in regard to the full implications of psychiatry usually yields to cumulative experience in field work. Absence of dogmatism on the part of instructors in regard to the subject matter which they are teaching has usually a convincing influence. A readiness to concede a basis for skepticism regarding psychiatry or anything else in the program of the organization when it is accompanied by an open mind on the part of the student, tends to disarm prejudice and to

make the student aware of an unfettered opportunity to arrive at his own conclusions regarding the worthwhileness of the job.

Prejudices and Preconceptions. A fourth attitude which frequently gets in the way of effective relationships between psychiatric social worker and patient is adherence to certain prejudices and preconceptions which are so strongly held that they are likely to dominate the handling of situations by the worker, regardless of the facts. Students are probably no more given to the holding of prejudices and preconceptions than other people, but we have encountered them frequently enough to justify some attention to the pedagogy of dealing with them.

We frequently found students who felt strongly that delving into the private affairs of the patient, as the social history calls for it, savors of hypocrisy and sometimes of sentimentalism. Frequently, such an attitude was a cloak for a student's own embarrassment in the first stages of social case work. It was due partly to his lack of conviction regarding the validity of psychiatric social work, partly to lack of understanding of its real nature, and partly to a consciousness of his own inadequacy at this stage of his professional development to deal with such intimately personal issues. Such frames of mind are not likely to change until the student has acquired a clear understanding of just what social psychiatry is able to do, and an equally clear understanding of the relevancy of social data which on the surface seem rather remote from the specific purpose of the Bureau. These are stages which he reaches less as a result of direct pedagogical methods than as by-products of his total field work experience. The pedagogy of dealing with them is therefore implied in all of the discussions of this chapter.

More commonly, the preconceptions which students brought with them to the Bureau were due to an exclusively moralistic

interpretation of misbehavior. We may repeat that in any civilized society, moral conceptions are of the highest importance. The human race has discovered, however, that many ethical categories of human behavior have been based wholly upon the race's preoccupation with behavior as such, and not at all upon consideration of the various factors which underlie behavior. Only recently have we come to realize that behavior which is wholly immoral from a superficial point of view may be entirely pathological in its significance and due to factors which have no moral implications whatever. To one to whom lying is immoral and always immoral, it may come as a shock to find that lying is frequently a rather desperate outlet for an individual who finds himself emotionally at bay through no fault of his own.

Again we found that our students were as prone as other human beings to accept at their face value and as having universal validity many time-honored dogmas, shibboleths, and aphorisms which have a reasonable amount of validity as epigrammatic statements of human wisdom but frequently do grave injustice when applied to individual cases. On this list we put such as the following: "A child should always respect his parents"; "Mothers should not be employed outside the home"; "The best place for a child is his own home"; "The disciplinary value of hardship"; "A bad home should always be broken up."

An effective method of dealing with prejudices and preconceptions on the part of students is to ask them to make a careful analysis of the facts in a particular situation, followed by an interpretation of their significance. When it is possible to do this adequately the logic of the facts will frequently be convincing. We also found it desirable with some students to ask them to canvass their own previous personal or professional experiences to discover situations comparable to those under discussion in order to determine whether they

have ever found exceptions to the point of view which in the judgment of the Bureau they seemed to be holding too rigidly.

We cannot claim any unusual measure of success in dealing with this particular group of attitudes on the part of students, but we have seen them modified often enough to believe that they can be influenced, at least, by deliberate effort as a part of educational supervision. It is also true that apart from any direct effort to deal with closed-mindedness, this attitude frequently dissolves as a student becomes more familiar with the significance of scientific data in regard to misconduct. This increasing familiarity is acquired not merely in the field work but in the courses at the School.

As has been true of the other pedagogical problems considered, we have frequently been unable to overcome in discussion preconceptions and prejudices stubbornly held by students, and we have not hesitated to allow students to work out their own ideas in some cases, with the frequent but not invariable result that they have come to a chastening realization that open-mindedness is indispensable in psychiatric social work. At a certain point in the development of one student she expressed the belief that the troubles of the family were largely due to the fact that none of the members exercised self-control. At this time she was inclined to believe that self-control was a panacea for most human ills. In conference with the student the supervisor was able to make her see that while self-control was in itself an excellent thing, it might be developed by an individual unwholesomely. It might involve nothing more than a dogged determination not to give way to certain impulses. Unless the causes of the difficulties with which the individual has to contend are understood, one may insist on self-control and even succeed in getting a patient to develop it with no result except to add to the ultimate difficulties. At another point this same student traced the troubles of an Italian family to

the fact that they were, like all Italians, too clannish. A tendency towards clannishness was in her mind always a source of evil. An analysis of the situation, however, brought her to a realization that clannishness might be a positive asset in handling family problems, and she came to believe that it was such in this case.

Another student who believed that there were no exceptions to the dogma that children should respect their parents, by analyzing all the factors in a case under treatment came to realize that to insist upon parental respect on the part of the child when the conduct of parents could by no valid criterion merit respect, was to put him in a totally false position. In reaching this conclusion she did not find it necessary to abandon a belief that family life is most wholesome when children do respect their parents, but she came to see more clearly that an effort to change an attitude on the part of those children must be accompanied by an equal effort to change the attitude of parents so that the respect of the children may be justified.

We come next to our fourth pedagogical problem. This is the problem of adapting certain native personality traits in the student to the peculiar requirements of social case work. This adaptation is important in any form of work with individuals, but it is indispensable to good work in child guidance. We are accustomed to recognize certain personality traits as useful in promoting confidence, comfort, and satisfaction in human relationships. Tact, sympathy, good nature, understanding, and diplomacy operate in this way. There is no special difference between the kind of human situations which one encounters in his private life and those which he encounters in professional work. A situation which is aided by the exercise of tact, courtesy, and kindliness when one is

acting in his personal capacity would be no less aided by the exercise of those qualities if one encountered it or its counterpart in a professional capacity.

If there is no difference in character between the situations which constitute professional experience and those which constitute personal experience, there is nevertheless a difference in the obligation to equip one's self with these qualities imposed by professional responsibility as contrasted with the obligations of one's personal relationships. One may be as lax as he chooses in the display of these qualities in private without interfering in any serious way with the rights of others, however much he may contribute to their discomfort. In professional work which deals with human beings, however, the qualities which promote ease and confidence in human relationship are indispensable to success. The development of these qualities therefore presents as binding an obligation upon the professional practitioner in these fields as does the obligation to be accurate in his understanding and use of factual and conceptual subject matter.

Experience has shown not only that certain aspects of personality are indispensable in social case work but that the peculiar demands of social case work upon the practitioner make necessary a more precise conception of them than is ordinarily thought of in human intercourse. In other words, equipment for social case work demands not only the qualities of sympathy, understanding, loyalty, courtesy, etc., but demands also that the social worker develop these qualities in certain precise ways which are determined by the peculiar requirements of the problems with which he deals.

We speak of one who appears before public audiences as having good "presence." The term "presence" does not define a quality in the personality of the speaker which exists apart from his other qualities. It defines rather a development of natural qualities for the precise requirements

of the function of the public speaker. We recognize other developments of native personal traits which have been given that degree of definiteness and precision that identifies them as meeting the peculiar requirements of social work. It would hardly be possible to make a complete list of such developed qualities. Those which are covered in the discussion which follows are suggested as significant in psychiatric social work.

The development of these capacities in the social worker is, as we have already indicated, largely a by-product of efficient training directed immediately towards other ends. It is also largely the product of self-training on the part of a worker who has sensed the necessity for them. The pedagogy of their development therefore is largely a matter of making clear to students just what they imply. As these concepts have been used at the Bureau we have read into them the following significance.

Objectivity. By objectivity is meant the capacity to deal with a situation or with another person without allowing one's judgment to become distorted by one's emotions. It is difficult for any human being to be completely objective and it is probably undesirable that he should be so. It is worth something to be able to recognize the nature of objectivity and the need for it in concrete situations. One has gone as far as he can when to these two achievements he adds the ability to remain reasonably objective when the situation calls for objectivity.

Objectivity is a constructive force in every day living. Its value in human life is somewhat indicated by the respect which men express in such characterizations as "dispassionate judgment," "impartiality," "an even tempered person," "a sane attitude." Some commonly perceived qualities which suggest the lack of objectivity are the tendency to become personal in argument, ill temper, resentment, prejudice, the

tendency to regard all misconduct as evidence of immoral character. We recognize at once that the first group of qualities are as potent sources of satisfaction in human relationships as the second group are of dissatisfaction. The first group suggests objectivity. Those manifestations of personality in action which comprise objectivity may be regarded as highly desirable in ordinary human relationships. They must be regarded as indispensable in professional work with human beings, chiefly because it is the worker's objectivity which makes him an acceptable confidant to his client.

The types of situation which call for objectivity in the social worker are as varied as human life. It is the frequency with which some of them tend to recur that makes these personality traits indispensable in the practice of social work. The cases which come to the attention of the psychiatric social worker involve the most poignant forms of human distress. They are presented through situations before which no person possessed of common human sensibilities could remain unmoved. The emotional drain of continuous contact with such situations would wreck a human being in short order if he were not able to deal with them objectively.

This statement must not be misunderstood. To deal with such situations objectively does not mean that they must be dealt with without emotion. The problem is no different from that which faces the physician. No physician could survive if he spent upon each case coming to his attention the degree of emotional interest which its distressing features could easily command. Beyond any question there is a tendency in one who comes daily into contact with the more distressing aspects of human need to save himself from emotional exhaustion by becoming callous, by the development of that relatively complete degree of objectivity which makes him indifferent to human suffering. To allow oneself to drift to this extreme, however, is to limit one's professional

usefulness quite as definitely as to go to the other extreme and permit oneself indulgence in a welter of emotional reactions each time one's sympathies are involved. Objectivity as a phase of professional equipment implies the ability to retain sensitiveness to all the implications of human need without allowing one's emotional reaction to them to warp his judgment.

Another type of situation less devastating to the social worker at the one extreme, and less forbidding to the client at the other, arises when the social worker discovers in the conduct of a client grounds for moral condemnation. One of the outstanding revelations of modern science is that the implications of misconduct are frequently more pathological than moral. To a civilization schooled in the sanctity of moral principles as the foundation of human behavior, this discovery presents a formidable dilemma. After one has pinned his faith to the Ten Commandments and to a moral code derived from them and other authoritative sources, it is not easy to believe that lying, stealing, filial disrespect, profanity, and even sex misconduct are not necessarily to be censured on moral grounds. Frequently, no doubt, they should be, and always they are socially undesirable forms of behavior. In the light of modern science, however, they should not be dealt with on moral grounds until they have been studied, analyzed and diagnosed in terms of their causative history.

Throughout our civilization we have been more interested in conduct than we have in human beings. The moral code has tended to express itself in terms of what the individual must and must not do rather than in terms of what he must and must not be. It is easier to evaluate conduct on this basis than it is to evaluate human beings. The introduction of the revelations of modern science, therefore, has been upsetting. One who is given to the exercise of easy moral

judgments in terms of conduct may find it difficult to withhold those judgments until after he has explored the origins of such conduct. A person in social work who finds it impossible to restrain his tendency to react to human conduct in terms of the traditional moral code before the facts are in, has not developed the degree of objectivity which the professional obligations of social work demand.

This is not to say that science has repudiated morality. Science has given us nothing which justifies the belief that all misconduct must be regarded as pathological rather than immoral, but it gives ample grounds for deciding that much of it is. Discussion with a person of the moral aspects of his conduct may be an important part of social treatment. As such, however, it may well be one of the last phases of the problem to be taken up with the patient rather than, as is usually customary among human beings, one of the first. The ability to withhold moral judgments and to restrain a disposition to discuss moral issues depends largely upon the social worker's capacity for objectivity.

The importance of objectivity in the professional relationships of the social worker are obvious enough. The recognition by the student of their importance can be reinforced by considering some of the difficulties which a lack of objectivity creates. A worker who is not objective rarely succeeds in sensing completely the point of view of her patient towards his own problem, which is indispensable to an accurate understanding of the problem. She is hampered in her efforts to win the confidence of her patient and she rarely succeeds in getting the complete range of information which is indispensable as a basis for diagnosis and treatment. Certain problems, usually problems like those which exist in the worker's own life, the non-objective worker can never treat successfully because she never can form an accurate estimate of them. She is therefore unable to direct her contacts with

precision and she rarely succeeds in gaining the full cooperation of her patient.

As has already been indicated, there is no formal pedagogy for the development of objectivity. In the illustrations of work with students already given in this report, many will occur to the reader as carrying suggestions with regard to the importance of objectivity. The effort was consistently made by the supervisors at the Bureau to impress upon students that irritating conduct on the part of patients, false ethical standards, obstinacy, and other traits which stand in the way of a solution of their problems, are in themselves parts of the problems with which the psychiatric social worker deals. They do not justify emotional reactions on the part of the social worker but must be regarded rather as further items in her professional task. Frequently students can be made to see that the injection of their own prejudices, their own preconceptions, into the situations with which they deal, have complicated things rather than contributed to progress.

A student who made a call to discuss an important situation with one of our families discovered that the family had moved. She returned to the Bureau highly irritated because Mrs. Donahue had not notified us of her removal. She was inclined to think this failure indicated that Mrs. Donahue did not think much of the Bureau and this interpretation served to increase her irritation. The supervisor discussed with the student what this attitude on the part of Mrs. Donahue suggested by way of next steps. After some discussion the student finally decided that Mrs. Donahue's failure to notify us served to clarify our problem rather than to complicate it, since it clearly indicated that her attitude must be our immediate point of attack in the hope of convincing her that the Bureau really had something to contribute to her and her child. On the basis of this discussion the supervisor and the student then considered how the main issue in this case could

easily become befogged if we were to consider as a personal affront Mrs. Donahue's failure in courtesy. Through this discussion the student came to recognize that however natural it might be for certain temperaments to be irritated by discourtesy, in a professional relationship such irritation lessens efficiency. In other words, the social worker under such circumstances must be objective.

When objectivity has been largely lacking in the make-up of an individual in the first twenty-five years or more of his life, he is not likely to achieve it completely in any educational experience extending at the most over two years. We believe, however, that many of our students have made remarkable progress towards this kind of personality development, and that all of them have been given a new appreciation of its importance in professional social work.

Range. We have used the term "range" to suggest a combination of creative imagination and mobility of knowledge which enables a worker to see as widely as possible into the possibilities of a situation. Workers who lack range tend to become stereotyped in their procedure. They fall easily into ruts. They recognize few alternatives to the obvious. They are not alert to hidden possibilities, hidden sources of information, hidden leads to response from patients. We had under treatment, at the conclusion of the five-year experiment, a case into which the Bureau had put several months of hard work without making much progress. We reached the point finally where it did not seem possible for us to make any further headway. The parents were unresponsive, the youngster's conduct unchanged. We could find no new facts which would throw light on the situation, no new leads to a different attitude on the part of those concerned. After the case had been in this static condition for several weeks, we assigned a new social worker whose contact with the family revealed some hitherto unexplored factors in the situation

with the result that we were making at the conclusion of the Bureau's work real headway with the major problem. This kind of change from static to dynamic defies complete analysis. It was, however, quite apparent that the last worker assigned to the case had a degree of ingenuity, an alertness of imagination, an awareness of the possibilities of the situation which the previous worker had lacked. Her "range," as we are using the term, was better than that of her predecessor.

In general it may be stated that those plans of treatment which have been decided upon after a consideration of every possible alternative are likely to reach farther into the case problems concerned than plans of treatment which do not represent a selection from a variety of possibilities. A certain ingenuity in devising alternatives, even though most of them are rejected, will in the long run more often hit upon the right program than a more stereotyped, less imaginative method of planning work. The development of range as a capacity of the worker's personality is largely a matter of trained powers of observation and a stimulated imagination. These two traits will enable a worker to draw upon a much greater proportion of her knowledge and philosophy than is possible without them. Range is one of the traits which enable a worker to make the maximum use of what she knows. Without it, much of the knowledge which a student has acquired in class and as the result of experience is rarely or never used.

The development of range is largely a phase of self-development in the student, the product of experience. It again, however, is an important by-product of certain educational experiences undertaken for other immediate objectives. In the discussion, for example, of an inadequate social history in which the student brought back information on the more obvious points, the supervisor in her effort to make the stu-

dent see the importance of the more deep-seated facts which had been overlooked, was really taking steps towards the development of the student's range. Similarly, subsequent conferences in which the discussion between the supervisor and the student relates to the student's failure to go as far as she could towards getting information or following up leads of her clients, were emphasizing the importance of range. The discovery by a student, after one of these conferences, of the value of information which she had failed to get in the first instance is in itself an experience with educational value. This experience when repeated often enough we found to be a stimulus to the student's imagination and an avenue towards flexibility in the use of her knowledge which constituted a permanent contribution to her equipment.

Tempo. Tempo is a term we have applied to the equipment of the social worker to suggest the speed at which she works. Some workers accomplish more in a given amount of time than others, and apparently accomplish it with equal thoroughness. Some students when they came to the Bureau were so slow in doing their work as to be unfitted for the requirements of positions in the field. This slowness is usually temperamental and it cannot of course be entirely overcome. One of our pedagogical problems, however, was that of assisting such students to acquire the ability to work more rapidly. In so far as a temperamental tendency to be slow is complicated by inability to plan work or inability to organize time effectively, it is possible for the supervisor to give a student real assistance.

Temperaments, however, are not easily made over, and we do not intend to suggest that the tempo of abnormally slow students, when it is due entirely to temperament, has been satisfactorily accelerated. We emphasize this trait, however, because frequently the rate at which such students work does not permit them to carry their fair share of an organization's

work. Training in the planning of their time, training in the habit of becoming concrete regarding their purposes and next steps in the handling of cases, training in the habit of logical thinking, have all been included in our efforts to help students whose tempo was abnormally slow. The number of these in the whole group of students under training during the five years was small. By the time they completed their work, few, if any, were so slow as to be unable to hold positions. We believe that the moderate amount of attention paid to this aspect of the professional equipment of our students has had some value for them.

Organization Sense. By "organization sense" we mean both an awareness of the implications for the individual of working within an organization, and a disposition to conform to the requirements of organized activity. This particular trait is again a development of some common human characteristics. Its importance appears in connection with two different aspects of work in an organization. The first has to do with the policies of the organization and its regulations for the guidance of its employees. The other has to do with those more intangible aspects of a group situation which determine the degree of ease and efficiency with which the group works together. Both of these in turn contribute definitely to the prestige which the organization enjoys in its community.

Good team-work on the part of a staff, while it is due largely to the management, is due also in no small degree to the organization sense of the members of the staff. The necessary policies and regulations of an organization will frequently seem unsound to members of its staff. We are not discussing here the whole problem of administration with its wide range of factors contributing to morale. We are only suggesting the importance of that disciplining of temperamental manifestations on the part of the individual worker which may be called professionally the development of organi-

zation sense and which will contribute to his wholehearted allegiance to the organization and its program. Every individual who becomes part of an organization inevitably sacrifices some freedom of action. Like the practice of medicine, the practice of social work is in the contacts between worker and client a highly personal procedure. It is much less standardized than teaching, much less precise than engineering. It calls for the same kind of creative work in face to face contacts that medicine does. There is in this fact an inevitable tendency at times to regard the necessary policies and regulations, particularly in large organizations, as irksome. Organization sense in the worker is a safeguard against this irritation.

This particular attitude has another significance in social work which is important because of the peculiar nature of the relationships which sometimes exist between workers and clients. In a field where success is so largely dependent upon a personal tie between worker and client, opportunities frequently arise for the worker to drift almost insensibly into a relationship with her client which ceases to be professional and may become highly personal. This tendency creates another one of those risks for the social worker which may easily prove embarrassing to his organization. It is not always easy to draw the line between a relationship which is purely professional and one which is beginning to be personal. To some persons an invitation from the mother of one of our clients to the Bureau worker to spend the night at her home would have been fraught with the risk of allowing a professional relationship to drift on to a non-professional level. Such experiences, however, are not uncommon and we believe that those of our workers who had them succeeded in maintaining their professional relationships to their clients without in any way sacrificing the desirable informal aspects of those relationships.

As we have stated elsewhere, social work is carried on universally through the medium of organizations. There are as yet practically no instances of social workers practicing independently with the same contractual relationship with their clients as characterize medicine. At the same time the nature of the problems presented to the social case worker conduces to a strong personal relationship with her clients. The reconciliation of these two somewhat diverse factors in the practice of social case work calls for some deliberate schooling of oneself, the result of which we have come to recognize as organization sense. Here again it would be easy to find within these same technical concepts some very familiar personal characteristics such as loyalty, discernment, common sense, social mindedness, etc. Organization sense does not imply anything different in nature from these characteristics, but only that peculiar expression of them which meets an important requirement of organized social work.

Leadership. It will be apparent to anyone who studies the implications of psychiatric social work as they have been outlined in this report that the relationship between worker and patient—or patient's parent—is the keystone of successful treatment. To this relationship the qualified worker brings the combination of working knowledge, point of view, and an adjusted personality which have been discussed from many different angles in this report. All of these together, however, do not insure success unless there be added to them an ability to handle oneself in this relationship so as to make of social case work the practice of an art in the best sense of that term. The objective of all social case work is the development within human beings of their capacities for those satisfactions in life which can come only through self-maintenance. The development of proficiency in the psychiatric social worker has only one ultimate purpose—to contribute to the well-being of those persons who become the objects of her

professional attention. The task of the psychiatric social worker is performed only when her patient, through her assistance, has been put in a position where he can realize his own purposes in life with the maximum satisfaction to himself and to others whose lives are directly connected with his own. The distinctive aspects of good treatment are not services performed for clients, not benefits conferred upon them, not programs worked out in their behalf, but the development within them of an ability to organize existence for themselves with minimum emotional cost.

As we have frequently pointed out, the focal point in social treatment most frequently used in psychiatric social work is an attitude on the part of the patient, relative, teacher, or employer which has been a factor in producing unwholesome conduct on the part of a child. We have already discussed the general procedure followed by the Bureau in the task of changing attitudes. This discussion is in terms of the problem involved in changing attitudes and of the general approach to this problem which the Bureau has found to be most effective. In addition to an awareness of the significance of attitudes, and in addition also to a knowledge of human personality which largely explains attitudes, success in dealing with them involves a subtle kind of personality development in the worker which is indispensable in the process. This personality development is not a new acquisition gained through professional education. It is again rather a development of some familiar traits whose value has long been recognized by the human race. They include tact, sympathy, statesmanship, and understanding. Professional relationships in social case work, however, are so delicately adjusted in their demands upon the worker, that something more than a generalized equipment of these traits is necessary. When this "something more" has been achieved by a worker, it represents a quality for which we have no better term than leadership.

By leadership in this sense we mean that quality in human relationships which permits the exercise of personal influence over others without weakening their own initiative. Leadership furnishes a perfect contrast with coercion as a method of securing response from another human being. Throughout this report we have given illustrations of successful contact between psychiatric social workers and patients in which leadership has been an important factor, although we have not thus far stressed the term. Leadership at its best in social case work accomplishes its purpose in two ways. First, it succeeds in giving to the patient the feeling of participating in the analysis of his own needs and the development of a program to meet them. We say "a feeling of participation" because we do not mean that leadership leaves the patient to his own devices to sink or swim. We take participation to mean that the patient has the feeling of being a party to a discussion of his situation to which the worker is also a party. Leadership does not mean achieving results with the worker kept in the background. It means achieving results by assigning equally responsible roles to worker and patient.

In the second place, leadership at its best accomplishes its purposes by refraining from pressing any step in social treatment which the client is not willing to accept as part of his own purpose.

So far as we know there are only three kinds of motive power which will lead a human being to adopt a course of action. One is coercion from which one cannot escape. A second is a willingness to undertake a course of action for the sake of some person whom one desires to please. The third is consciousness of a strong incentive of one's own which virtually demands this particular course of action.

In terms of the development of that security, that adjustment to life which marks a healthy mentality, the first of these forms of motive power is almost always disastrous.

Civilization has not yet learned how to handle some of its crises except through the method of giving some individuals the power to coerce others. This is true of warfare and of prison discipline. It is true of many other forms of relationships, including some which enter into home life, school life, and industrial organization. The records of the eight hundred cases at the Bureau contain abundant evidence that this coercive power which tradition assigns to parents, teachers, and employers, is responsible for no small part of human misery. On the other hand, an increasing bulk of experience in progressive education, in enlightened homes, and elsewhere, is demonstrating that other methods, chiefly through the exercise of leadership, are achieving every purpose which we have thus far sought to achieve through coercion, with few of coercion's costly results.

The second form of motive power suggested above—willingness to adopt a course of action for the sake of another individual—is less sinister in its implications for the person concerned than is coercion, but it again is fraught with grave risks to the emotional well-being of those who resort to it. Conduct resulting from this form of motive power is frequently an expression of an unwholesome dependence upon another person which is maintained too often at the sacrifice of the individual's own integrity and his ability to meet the exigencies of life through the use of his own intelligence and reason. It may not be too much to say that adherence to a course of conduct for the sake of another person is justified only in emergencies. There are times when consideration for another person may be legitimately a dominating factor in determining conduct. There are times also when an individual cannot be persuaded away from a particular form of behavior except by a personal appeal. Under such circumstances a personal appeal may be justified, but it is always risky and its permanent results are rarely wholesome.

Of the three foregoing forms of motive power, consciousness on the part of the individual of a strong incentive of his own is the only one which gives the assurance of a permanently wholesome program for existence.

If this analysis of what we have called motive power is sound, it becomes evident that no form of social treatment whose purpose is the development of the capacity for self-maintenance in the client can realize its purpose unless the objectives which it sets for the individual are accepted by him as strong incentives governing his own choice of conduct. Incentives can hardly be given to an individual. They must be developed by him. He may be assisted to find them, but the actual process of visualizing them, of formulating them in terms of his own need, of fitting them into his scheme of existence, he alone can work out. An outsider in the form of a psychiatric social worker, for example, with a detached point of view, with a perspective which an unadjusted person enmeshed in his own difficulties can hardly be expected to have, may see more clearly than the latter what incentives are possible to replace those which have led him into an unwholesome adjustment to life. Everything which we have thus far discussed as a part of psychiatry and psychiatric social work bears upon the problem of assisting the unadjusted person to find these new incentives and to plan a course of action which will enable him to realize them. The ability to render this service to a patient, however, involves much more than a knowledge of mental hygiene and psychiatric social work. It involves an ability to conduct oneself in all one's contacts with a patient so as to make him willing to accept the suggestions which the worker's knowledge of mental hygiene and psychiatric social work enables him to make.

The ability so to conduct oneself in contacts with the patient is what we mean by leadership. It is the embodiment in the worker not only of a whole philosophy of mental

hygiene and of human life, but also of sensitiveness to the moods, the yearnings, the sensibilities of others which enables a person in a position of influence over another to adapt his manner, his phraseology, the subject matter of his conversation to the individual personality with whom he is dealing at the moment.

The basis of all successful leadership in the sense in which we are using the term is a high degree of confidence on the part of the client in the worker. One does not easily commit to another person the intimate details of one's private life which furnish the subject matter of the relationship between psychiatric social worker and client. In private life confidences of this sort are given to another person only when the latter has demonstrated that such confidences are safe with him. Ordinarily such confidences come only after a long period of slowly maturing acquaintance. In psychiatric social work there is no opportunity for a slowly maturing acquaintance between worker and client before such confidences must be given. That social case workers generally are given such confidences by their clients from the very beginning of their contact is in itself an evidence of ability to establish quickly a relationship marked by mutual trust which in ordinary human affairs it takes a long time to develop.

This peculiar ability to foreshorten, so to speak, the period within which this kind of relationship can be established professionally we believe to be based largely upon a developed capacity for leadership. Social case work can be successful only when the client can feel that his intimate personal affairs are safe with the social case worker, and perhaps even more important than this, when he can feel that the social case worker neither ignores matters which seem of vital importance to him nor insists upon anything which seems to him for the moment at least either irrelevant or unsound. Those who can convey this impression of themselves to their clients

in their first contacts have the beginnings at least of leadership. Those who can in their later contacts bring their clients to the adoption, as the result of their own insight into their difficulties, of new attitudes, new purposes, new incentives, have developed the gift of leadership in its finest form.

We are discussing in this chapter the pedagogy used at the Bureau in the development of psychiatric social workers. We wish to make clear, however, that we know of no formulas, no established pedagogical methods which will contribute directly towards the development of leadership in psychiatric social workers. We believe, however, that the whole educational philosophy in use at the New York School of Social Work, as well as the specific training experiences of the students, have at least made our students aware of the importance of leadership as a factor in successful psychiatric social work, and we have ample evidence that our students have within the comparatively short period of their work at the Bureau achieved increasing proficiency in its use.

Chapter X

LEADING ASPECTS OF THE WORK OF THE DIVISION IN EDUCATION FOR PSYCHIATRIC SOCIAL WORK

THE most important achievements of the School in connection with the Commonwealth Fund program were the contribution made to the student group, the development of the mental hygiene curriculum, and the development of methods and standards of field work training.

STUDENTS TRAINED DURING THE PERIOD OF THE PROGRAM

The scope of work with students through the mental hygiene training at the School of Social Work is partly indicated in the following figures:

Total registration in mental hygiene courses at the School of Social Work during the whole period of operation of Division I	2,504
Estimated number of different students taking courses in mental hygiene	944
Total number of students taking field work at the Bureau	203
Total number of graduates in mental hygiene	44
Total number of Commonwealth Fund Fellowship students	70
Total number of special summer fellowship students	36

The total registration in mental hygiene courses during the period of operation of Division I was two thousand five hundred four, representing nine hundred forty-four different students. The minimum amount of work in mental hygiene done by any one of these students was the taking of one two-hour course for one quarter of twelve weeks. Few students took as little as this. The maximum amount of work covered the six courses listed on page 163, which were equiva-

lent to nine courses of two hours a week for a quarter each and two courses of three hours a week for a quarter each,[1] plus the equivalent of approximately eight months of field work in a psychiatric agency. This maximum program was taken by many of the forty-four graduates of the School in the field of mental hygiene and closely approached by all. The balance of the time of these students was spent on other courses in the general curriculum of the School, designed to give them training in other subjects as indispensable in the practice of social work as is mental hygiene. Each of these students was required to take, for at least two days a week through two quarters, field work in family case work, with the exception of those students who had had such experience before coming to the School. This requirement is the result of our belief that field experience in more than one field is a broader and more substantial basis for the equipment of the social worker than concentrated field work in one field alone.

During the five and one-half year period, seventy students came to the School on Commonwealth Fund fellowships. Of these twenty completed the requirements of the School for the diploma,[2] and the general nature of their training is indicated in the preceding paragraph. The program followed by the fellowship students who spent only nine months in the School provided that approximately half the time should be spent in field work. This field work was provided at the Bureau of Children's Guidance, except that those fellowship students who had not had adequate experience in social case work were required to devote their field work time during one quarter to case work in some other field than psychiatric

[1] The courses in the Mental Hygiene Problems of Childhood and in the Social Implications of Mental Testing continued through two quarters each; the Seminar in Psychiatric Social Work through four quarters. Students working in the field of mental hygiene were required to take both quarters of the first two courses, and at least two of the Seminar.

[2] One of these was a former graduate of the School who returned to take the work in mental hygiene.

social work. As the fellowships were awarded only to visiting teachers, probation officers, and other social workers of experience, for the purpose of providing them with training in mental hygiene, these fellowship students took a minimum of work in other subjects.

The special summer fellowship students, of whom thirty-six were admitted during the five and one-half year period, were largely visiting teachers. They were provided with special programs made up within the curriculum of the Summer School.

The Bureau of Children's Guidance provided the School, during the five and one-half year period, with the most substantial opportunity for field work in mental hygiene which the School had available. A total of two hundred three different students were cared for at the Bureau during the period. We did, however, make use of some other field work opportunities, including a clinic maintained by Dr. Jewett of the Bureau staff at Hudson Guild, Dr. Wile's clinic at Mt. Sinai Hospital, the Division of Nerves and Psychiatry at Cornell Clinic, the Essex County Juvenile Clinic, and the Manhattan State Hospital.

The value of the training offered by the School is indicated to some extent by the recognition it has received in the field of social work. Evidence of this recognition is afforded by the positions held by graduates and fellows. At last report, in April 1929, of the forty-four graduates trained in mental hygiene during the period under consideration, twenty-six were engaged in forms of work for which this training had especially fitted them—as psychiatric social work, visiting teaching or the like—while four were teachers, one was a recreation worker, one a research worker, one a clergyman, and one a business woman, making a total of thirty-four employed. Of the remaining ten, one was pursuing graduate studies and six were married,[3] while the occupations of three

were unknown. Similarly, of the fifty non-graduate fellows,[4] twenty-six were definitely in the mental hygiene field as psychiatric social workers, visiting teachers, or the like, four were social workers not doing case work, four were teachers, one was a clergyman, and three were engaged in writing, editing, or business—a total of thirty-eight known to be employed; while seven were married,[3] one had died, and no information was obtainable regarding the other four.

THE TEACHING OF MENTAL HYGIENE

It is not the purpose of a school of social work to train psychiatrists. One of the curriculum problems of the New York School is presented by the necessity of adapting to the requirements of the social worker the subject matter of related sciences. As we have already indicated, psychiatry, among the sciences, has come to be recognized as offering a contribution to the training of social workers of the highest value. This fact no longer needs demonstration, but the presentation of the subject matter of mental hygiene to the students of social work does present some difficulties. The courses outlined in Chapter VII represent an evolution which is the product of considerable experimentation based upon the most careful study of the relations between psychiatry and social case work and of the types of course units which will make this subject matter most readily available to social workers.

The courses as offered represent a sequence. At the beginning of the student's study of mental hygiene is the course in the Nature and Varieties of Human Behavior. As the summary of this course given in Chapter VII indicates, this is a presentation largely in terms of the mechanics of normal human behavior. The discussion of normal behavior is deliberately placed at the beginning of the study of mental

[3] Of those classed as professional workers, a number were also married.

[4] Twenty fellows were graduates, and are included in the preceding summary.

hygiene both because it is the most important point of departure for an understanding of abnormal behavior, and because it provides the student with the most intelligible approach to the subject.

The course in the Mental Hygiene Problems of Childhood is based entirely upon a discussion of cases. It is taken by students only after they have had the introductory course in the Nature and Varieties of Human Behavior and the course on Psychopathology. Its function in the curriculum is twofold. It provides the students with an opportunity to discover the relationship between the theoretical concepts of other courses and the facts of human behavior as they appear in concrete cases. In the second place, it is effective in assisting the students to arrive at a correlation between class study and field work.

At the end of the sequence of courses is the Seminar in Psychiatric Social Work which assumes a reasonably comprehensive prior study of mental hygiene by the students, and provides them at this point with an opportunity for quite specialized analysis of the various causal factors in emotional problems, of the factors which enter into treatment, and of the purposiveness of the attitude of parents as well as of children.

Owing to the large number of students in the introductory courses, these courses are conducted by the lecture method. The course in Mental Hygiene Problems of Childhood is a discussion course based upon case studies presented by the instructor to the students. The Seminar in Psychiatric Social Work is conducted on the basis of the reports of students covering their studies into special subjects, illustrations of which are given in Chapter VII.

The problem of building a curriculum is twofold. It involves, first, the provision of subject matter with which students should be familiar in order to achieve the purpose

of their study. It involves, secondly, the organization of this subject matter in such a way as to provide students with the maximum opportunity to learn. A course of instruction, therefore, is a pattern in which subject matter and instruction methods are of equal importance. The curriculum at the School is still regarded as experimental, but we believe that the sequence of courses outlined and the instruction methods adopted have given our instruction in mental hygiene a progressive value for the student.

SELECTION OF STUDENTS

The selection of students is always a problem for the educational institution, as elaborate formulations of entrance requirements attest. The New York School is of graduate rank and about ninety per cent of its students are college graduates. In addition to satisfying itself regarding the educational preparation of candidates for admission, the School attempts to select students whose personality equipment seems adaptable to the requirements of social work. Personality is important in the qualifications for any field of social work, but it becomes especially important in the field of mental hygiene. The subject matter of mental hygiene, when unfamiliar to a student, can easily be emotionally unsettling and may bring to the fore deep-seated problems of adjustment which theretofore had not openly manifested themselves. Our experience has led to the conviction that some method of selecting students for social work in general and in particular for psychiatric social work should be adopted which will more consistently exclude those persons who are so unadjusted or so immature as to make the study of mental hygiene in a professional school a serious risk to them.

This is a difficult problem, and we have not found a completely satisfactory solution. It is, perhaps, a mark of progress to have become acutely aware of the problem. While

the School has made little headway in developing a satisfactory selection process on the basis of personality equipment, it is experimenting with such processes, and has developed certain facilities for dealing with problems which come to light in students after admission.

The whole organization of our mental hygiene instruction has, indeed, been colored by a desire to make it of assistance to the student in gaining a better and more objective insight into his own adjustment problems, especially those which may arise in relation to his professional work. The contacts between faculty and students in the New York School are close. It has been demonstrated in these contacts that the student gains from his study at the School, particularly from the course in the Nature and Varieties of Human Behavior, an understanding of all the factors involved in the adjustment to reality, from the period of earliest childhood dependency through that of adult experience, which is of material assistance to him in achieving a more complete objectivity with reference to his own emotional problems.

It is true, however, that despite the service of mental hygiene teaching to individual students, some still find that this instruction precipitates emotional difficulties of which they have hitherto been unaware. Not all students are equal to the successful handling of the implications of such revelations. The School endeavors to handle its relationships to students in such a way as to make it aware of any existing unadjustments. Every student in the School is assigned to a staff adviser whose function it is to assist the student not only in the formulation of his program of study but also in matters of vocational choice and in any personal difficulties which can be handled in this informal way. The association between the field supervisor and student at the Bureau of Children's Guidance was so close that many of the emotional problems of students were brought to the attention of the

social service staff as part of the routine experience of supervision. As was indicated in Chapter IX, the social service directors were able to assist many students, as a part of this relationship, to a better understanding of their own emotional difficulties which were standing in the way of successful field work or of the student's security in life or both. In some cases of rather more serious emotional unadjustment the psychiatrists on the staff of the School and the Bureau undertook to arrange definite psychiatric treatment for students.

In the foregoing paragraphs we have indicated some of the established points of contact between students and staff through which the School endeavors to assist students to find the emotional stability which is indispensable to successful work with other human beings. It is becoming increasingly recognized in medical circles that education is an important part of therapy, and many medical institutions have devised educational programs as integral parts of broader medical programs. In a certain sense therapy may be regarded as an important part of education, but it is much more difficult to devise programs of therapy within an educational institution than it is to devise programs of education within a medical institution. It is largely this fact which has led the School to believe that the problems of the emotional adjustment of social case workers, which mental hygiene has to some extent precipitated and to a larger extent revealed, cannot be dealt with primarily by therapeutic measures within the School. They must be dealt with primarily by selective methods applied prior to the admission of students which will keep out of social work those persons for whom the achievement of emotional adjustment is so difficult as to be complicated by professional study and to handicap them gravely in the practice of social work.

We should like to correct a possible wrong inference by the readers of this report from the preceding paragraphs. The

School does not assume that every student who enters courses in mental hygiene is pathological or potentially a case of mental breakdown. We are dealing with graduate students most of whom have achieved complete maturity. We do not make case records of their emotional life nor do we regard them as cases. We assume that they have achieved an adult capacity for handling the emotional issues of life, and all of the formal relationships between the School and the students are planned on this assumption. The problems of individual students which we have been discussing are those which are bound to emerge in any experience of which the discussion and handling of emotional problems is a part. The facilities for contact between faculty and students which we have discussed are wholly informal in character and as normal and flexible in their functioning as it is possible to make them. The number of our students who have been seriously disturbed emotionally while in the School is relatively small. We believe that it would have been much larger had we not provided, both in the manner of our instruction and in these facilities for contact between faculty and students, a natural, easy outlet for the discussion of difficulties.

THE DEVELOPMENT OF FIELD WORK SUPERVISION

Field work has presented schools of social work with one of their most difficult problems. Nearly thirty years of professional education for social work in the United States, during which time field work has been recognized as indispensable to good training, have given us a substantial experience; but this experience has embodied few formulations which are of value as guides to practice. The New York School, with the cooperation of the social agencies of New York City, has conducted a number of experiments in the supervision of field work which seem to have established some educational principles capable of incorporation into a

definitely organized scheme of instruction. The Bureau of Children's Guidance, established under the Commonwealth Fund program, provided the School with the second of its two most important opportunities for field work experimentation, the first being the Charity Organization Society of which the School has been a part since its establishment in 1898.

From the beginning of work under the Commonwealth Fund program the social service staff of the Bureau regarded its responsibility for the field work of students as offering a definite opportunity for research in the problems and procedures of field work supervision. The results as they have been discussed in Chapters VIII and IX are not presented as new discoveries, but rather as an attempt to formulate some of the significant aspects of field work supervision of which many competent field work supervisors have become aware but which have not previously been brought together.

Field work has presented difficulties to schools of social work chiefly because of the uneven character of the experience that social agencies have been able to provide for students. Ideally, the field work of a professional school for social work should have as high educational implications as classroom instruction. Practically, field work tends to be an opportunity to observe a series of uncorrelated experiences, a succession of more or less humdrum and educationally meaningless tasks or, on a higher level, a chance to work within the routine of an agency with some control by a supervisor but without conscious effort on the part of the supervisor to make the experience of the maximum educational value.

Gradually this situation is changing. Social agencies have always cooperated cordially with schools of social work in providing some kind of field experience for students. Within recent years some of the schools and some of the agencies have cooperated closely in the effort to discover practicable

pedagogical methods which would give field work experience greater educational significance for the student.

The New York School of Social Work has undertaken this cooperative effort with a number of agencies in New York City. The Bureau of Children's Guidance provided us for the first time with a field work station entirely under our own control. We conceived this as providing among other things an opportunity for research in field work pedagogy. To some extent we used the opportunity to test out methods and procedures which had already been developed by the School and other agencies. In other particulars we used it to try out experiments that were entirely new. It is not easy to separate the two but we believe that the analysis of field work supervision presented in Chapters VIII and IX of this report contain material of the greatest importance to the advancement of educational standards in field work training.

One important aspect of our experiment has wider implications than have thus far been recognized in this field of professional education. All of the social work at the Bureau of Children's Guidance was done by students under the direction of the social service staff which consisted of a director and two assistant directors. The use of students for the treatment of persons in need, like the use of medical students for treatment of sick persons, always involves risk. It was partly for this reason that we were unwilling to admit students to field work at the Bureau until they had had some field work experience elsewhere. This practice to a considerable extent safeguarded the children under treatment at the Bureau from the risk of mishandling by immature persons. This risk was further reduced by the careful supervision of the social service staff, the nature of which is indicated in Chapter VIII. The more complicated problems presented by children under treatment were naturally assigned to the more mature and

experienced students, and these were usually in the majority among the student group. It is worth pointing out, however, that the experience of these more mature students had been gained in other fields. They were as inexperienced in mental hygiene as other students just out of college.

We believe that with a safeguard of proper supervision it was demonstrated at the Bureau that students can be depended upon to do social case work with a high degree of efficiency. A staff composed entirely of students can never work as rapidly as a staff of adequately trained workers. This fact will always limit the value of students to agencies which accept them for field training. It is one reason, therefore, why the field training of students must always be a burden upon the social agency. It is a burden which social agencies cooperating with schools have always been willing to assume.

The significance of the experience of the New York School in regard to field work, to which the Bureau of Children's Guidance made an outstanding contribution, is that the burden of field training among social agencies can apparently be materially lightened. The development of precise and effective educational procedures in the supervision of field work will not only give to field work an educational status which it has never had but it will also substantially increase the value of the student's work to the agency which provides him with field work.

APPENDICES

Appendix A

THE ORGANIZATION, PROGRAM, AND RELATIONSHIPS OF DIVISION I OF THE COMMONWEALTH FUND PROGRAM

The Department of Mental Hygiene at the New York School of Social Work was organized in 1917 under the directorship of Dr. Bernard Glueck. It provided courses in Social Psychiatry and Psychological Measurements and a limited amount of field work for students in the Neurological Department of the Vanderbilt Clinic with which Dr. Glueck was associated. After an experience of three years, it was evident that instruction in mental hygiene represented one of the most important contributions to the training of social workers since professional education in this field was established twenty years before. It was also apparent that none of the existing facilities in New York City for field work in mental hygiene could provide adequately for student training. In 1920, therefore, the School presented to the Commonwealth Fund an appeal for the support of a clinic to be conducted under the School's auspices for the study and treatment of behavior problems, the clinic to be on a scale sufficiently large to permit field work training for a substantial number of students.

Within the next year the Commonwealth Fund developed its plan for a five-year study of methods for the prevention of delinquency and invited the School to participate as Division I among the four divisions in which the program was organized.

Under the program, the scope and functions of Division I were defined in part as follows:

It is proposed:

1. That there be established, as a part of the New York School of Social Work, and under its direction, a children's clinic for the thorough psychiatric examination of children, including adolescents, the clinic to be known as the Bureau of Children's Guidance.

2. That this clinic shall receive children who are attending the public schools of New York, from not more than five public schools.

3. That any and all children, who are believed to be unadjusted, shall have a thorough psychiatric examination at the clinic.

4. That the clinic, having made the diagnosis and prognosis, shall undertake to provide, through its own staff, as well as through the visiting teacher, the public school staff and through cooperating agencies, proper continuing treatment for such children.

5. That the clinic shall provide a sufficient staff of psychiatrists and trained psychiatric social workers to assure the utmost success of this treatment.

6. That the Public Education Association of New York shall provide, at the expense of the Bureau of Children's Guidance, in those schools with whose pupils the clinic is working, properly qualified visiting teachers to cooperate with the clinic in the necessary and desirable treatment of children.

7. That the complete work of this clinic shall be available for field work of properly qualified students in the School of Social Work, especially for teachers, probation officers, and psychiatric social workers, or persons preparing for these professions.

8. That this field work shall be so supervised and supplemented by the trained staff of the clinic as to prevent any possible detriment to the quality of the work done.

9. That fifteen annual scholarships of $1,200 each shall be provided during the period of this undertaking to enable properly qualified professional teachers, or visiting teachers, probation officers, and social workers, or persons preparing for those professions, to take a year's course at the School of Social Work with special attention to psychiatric training.

The five-year program went into effect on December 1, 1921, and Division I began operations at the opening of the second semester of the school year on February 1, 1922. The program of Division I was in two parts, the maintenance of the Department of Mental Hygiene at the New York School of Social Work and the maintenance of the Bureau of Children's Guidance for the treatment of problem children and the field training of students.

The establishment of the program involved no change in the School's Department of Mental Hygiene. The courses in Social Psychiatry continued to be given by Dr. Bernard Glueck and the course in Mental Measurements by Dr. Marion E. Kenworthy. After Dr. Glueck's resignation from the staff of the School in 1924, the courses in Social Psychiatry were given by Dr. Kenworthy, except for two courses given by Dr. Frankwood E. Williams during 1924–25. After 1924 the course in Mental Measurements was given by Miss Jeanette Regensburg. In 1923, an additional course in Clinical Psychiatry was arranged to be given by Dr. James T. Kelleher at the Manhattan State Hospital. This course was introduced in order to give the students some contact with the mental problems of adults, since the Bureau dealt only with children.

The Bureau of Children's Guidance was organized with Dr. Bernard Glueck as director, Dr. Marion E. Kenworthy, assistant director, and the following staff:

Medical Staff	Dr. Marion E. Kenworthy
	Dr. Stephen P. Jewett
Psychologist	Dr. David Wechsler
Director of Social Service	Miss June J. Joslyn

There were several changes in the personnel of the Bureau staff

during the five-year period. Of the original staff Dr. Glueck resigned in 1924, Dr. Wechsler in 1924, Miss Joslyn in 1923. Dr. John B. McCarthy joined the medical staff on part time in 1924, resigning about a year and a half later. Miss Edith Linton, who was appointed in 1922 to assist Miss Joslyn, resigned in 1923 and Miss Elizabeth Dexter, who became assistant director of social service in 1923, resigned in 1926. The staff at the conclusion of the five-year period with the dates of their appointments was as follows:

Director of Bureau	Porter R. Lee	1924
Medical Director	Dr. Marion E. Kenworthy	1924
Psychiatrists	Dr. Marion E. Kenworthy	1921
	Dr. Stephen P. Jewett	1922
	Dr. Stanley S. King	1924
Psychologist	Miss Jeanette Regensburg	1924
Director of Social Service	Miss Sarah Ivins	1923
Assistant Directors of Social Service	Miss Eleanor Neustaedter	1924
	Miss Jeanette Davis	1926

The Bureau was conducted throughout the period of its operation at 9 West 48th Street, where it occupied the entire fifth floor. Owing to increases in the size of the staff and in the number of students coming to the Bureau for field work, additional space was added in 1923.

THE TREATMENT OF PROBLEM CHILDREN

It was decided at the outset to undertake no more work at the Bureau either in the treatment of children or in the training of students than could be done with some approach to adequacy. No small part of the achievement of the Bureau was due to its freedom from this condition of pressure which operates to prevent the highest possible efficiency in most social agencies.

The cases admitted were restricted to those which seemed to provide in the surrounding circumstances some possibility of treatment. This does not mean that only those cases were admitted in which there was a strong chance of success but only that we have confined ourselves to cases in which the Bureau could carry the full responsibility of treatment and where there seemed to be at least potential cooperation from strategic persons in the environments of the children. The basis of selection is discussed in detail in Chapter II.

Each case was studied jointly by psychiatrist, psychologist, and social worker and the efforts of all three were closely correlated. This correlation was effected through regular conferences for joint discussion of the implications of social history, psychiatric, physical, and psychological examinations. Procedure for the handling of cases followed in general this order: the gathering of social history, the psychological examination, the physical examination, conference participated in by psychiatrist, psychologist, and social worker, and

staff discussion of the problems presented and of the possibilities of treatment.

THE TRAINING OF PSYCHIATRIC SOCIAL WORKERS

The students who were trained in the Department of Mental Hygiene may be classified in three groups:

1. Students preparing for psychiatric social work especially in hospitals and clinics.

2. Commonwealth Fund fellowship students who came to the School as workers already trained in some field of social work and who desired to supplement their previous training and experience by training in mental hygiene.

3. Students from other departments of the School preparing primarily for other forms of social work who wished to secure training in mental hygiene to supplement their other equipment.

The courses in the Department of Mental Hygiene are open to all students in the School. Many who took them had no further work in mental hygiene. All of the students preparing for psychiatric social work, all of the Commonwealth Fund fellows, and a large number of students preparing for other fields of social work have had field training at the Bureau of Children's Guidance.

THE RELATIONSHIP OF DIVISION I TO VISITING TEACHERS

Throughout the five and one-half year period, the third item in the original program of Division I, providing for a close relationship with visiting teachers, was carried out. Through funds made available by the Commonwealth Fund the Public Education Association maintained five visiting teachers, each to work in a public school cooperating with the Bureau. Of the ten visiting teachers employed during the entire five and one-half year period, six were former students or graduates of the School. The schools chosen were purposely of different types—three elementary schools, each in a widely different type of community, one junior high school, and one senior high school. They were Public Schools 1, 43, 93, 157, and Morris High School. In Public School 43 and in Morris High, the visiting teacher work was maintained throughout the five and one-half year period. During the course of the program the work was transferred from Public Schools 1, 93, and 157 to 11, 166, and 136. The principals of the schools concerned were interested in the program and extended cordial cooperation.

The provisions of the original program were maintained throughout with one important exception. As soon as the work was well under way, it did not seem practicable to limit the intake to children from these five schools. Because of requests for service from principals and teachers of other schools, the Division extended its service to other schools, both public and private.

While the Bureau worked closely with the visiting teachers and other special workers in these schools, it maintained a general policy of assuming full responsibility for the treatment of the children as well as for diagnosis. Those in charge definitely felt that the full purpose of the Bureau could only be achieved if the Bureau itself were the responsible factor throughout the whole period of treatment. Accordingly, the Bureau did not at any time adopt the policy of giving diagnostic service, leaving the treatment to a visiting teacher or other worker. As the treatment of problem children was less well understood than the diagnosis of such cases, the Bureau felt that it ought to carry on as extensive work in treatment as in diagnosis. The intake being definitely limited, it did not seem practicable to achieve this objective except by confining itself to cases in which it had a major responsibility for treatment as well as for diagnosis.

The majority of the children received were children of school age and in all such cases an important part of the treatment involved effective relationships with the individual teachers concerned. Moreover, the Bureau dealt directly with the visiting teacher wherever one was employed by the school attended by the child under treatment.

Of the seventy fellowships awarded by the School for a year's work, six were assigned to visiting teachers. The School was able also to offer within the regular budget financed by the Commonwealth Fund, during three years of the period, special fellowships to visiting teachers for a six weeks' course in the Summer School. In the award of fellowships to visiting teachers, the School had the benefit of the advice of Mr. Nudd and Miss Culbert of Division III in regard to local needs which might well be considered in making the awards.

It is interesting to note also that of forty-four graduates of the Department of Mental Hygiene, five are now visiting teachers, three others are doing psychiatric social work in schools, and three are classroom teachers.

RELATION OF THE BUREAU TO OTHER ORGANIZATIONS

The decision to accept only cases in which the Bureau could maintain throughout a responsible role in treatment limited the number of cases brought to us from other social agencies. Such agencies in general do not feel that they can relinquish their complete responsibility for treatment, but they would have been glad to receive from the Bureau the service of diagnosis or recommendations for treatment which they could have incorporated into their own work with children. As already stated, this would have overloaded the Bureau with cases having a limited value in terms of its own function.

Despite this limitation, the Bureau maintained important and cordial relationships with a number of social agencies in addition to those with the visiting teachers already discussed. Consistent use was made of the Social Service Exchange in the handling of all cases and the information secured in terms of other interested agencies was followed up whenever it was possible to do so without prejudicing the relationship of the Bureau to the children and their families.

Especially helpful cooperation was received from the Boarding Out Department of the Children's Aid Society and from a number of summer camps. The Bureau maintained cordial relationships with the Charity Organization Society, The Jewish Social Service Association, the Jewish Clearing Bureau, and the Association for Improving the Condition of the Poor in the treatment of cases with which they had been working simultaneously with us. Few of the Bureau's cases involved children under the jurisdiction of the Children's Court but in all of them, the cordial attitude of the Court towards the Bureau was a helpful factor.

There was a uniformly interested response to the Bureau's suggestions from a number of Roman Catholic parochial schools attended by children under treatment.

RELATION OF DIVISION I TO THE JOINT COMMITTEE ON METHODS OF PREVENTING DELINQUENCY

Division IV of the Commonwealth Fund program was in charge of a Joint Committee on Methods of Preventing Delinquency, specially created for the purposes of the program. The Committee included in its membership the executive heads of all the Divisions. Its function was to promote the unity of the entire enterprise, to coordinate its various activities, to conduct related investigations and field studies, and to interpret the purpose, methods, and results to various specially interested groups and to the public generally. Certain formal relationships of Division I to the Joint Committee were established early in the program. The director of the School and the director of the Bureau were appointed members of the Joint Committee at its organization. The director of the school was chairman of the Joint Committee's sub-committee on presentation of case material and the medical director was a member of the sub-committee on psychiatric methods.

At the beginning of the program, provision was made for the submission of regular statistical reports of the Division to the Joint Committee and this procedure was followed throughout. We are indebted to Miss Clark, the statistician of the Joint Committee, for a substantial amount of help with our statistical system and in the preparation of material for this report.

An early publication of the Joint Committee, appearing in 1924, *Three Problem Children*, was a study of three of the Bureau's cases.

In 1927, Dr. Kenworthy prepared a brief memorandum showing the further history of these three cases which was included in a second edition of the book and reprinted for distribution to all purchasers of the first edition. A study entitled The Problem Child at Home, by Miss Sayles, a member of the Joint Committee staff, which was published in 1928, included case material selected from the records of the Bureau of Children's Guidance.

Other volumes, representing special scientific studies, are now in preparation by members of the staff of Division I and will be published under the auspices of the Division of Publications of the Commonwealth Fund.

RELATIONS OF THE BUREAU OF CHILDREN'S GUIDANCE TO THE INSTITUTE FOR CHILD GUIDANCE

Division I, like the other Divisions of the program, officially went out of existence on June 30, 1927. There are, however, some important connections between the Division and the new Institute for Child Guidance which began operations on July 1, 1927. The director of Division I is a member of the Administrative Board and several members of the staff of the Bureau of Children's Guidance have become members of the staff of the Institute.

All cases under active treatment on June 30, 1927, at the Bureau were transferred to the Institute which has assumed responsibility for further treatment. Copies of the Bureau's complete records in these cases have also been transferred to the Institute. The complete original records of the Bureau have been filed permanently at the School of Social Work where they will be used as the basis of several important studies of the whole Bureau experience.

CONTRIBUTION OF THE BUREAU TO THE EDUCATIONAL WORK OF THE MENTAL HYGIENE MOVEMENT

It is one of the aims of the mental hygiene movement to put a practical working knowledge of mental hygiene into the possession of persons in all walks of life. The daily work of Division I was concerned with the treatment of children, enlightenment of parents and teachers interested in the children, and the training of students enrolled in the New York School of Social Work. In carrying out this assignment the Division was able to make some contribution to the wider use of mental hygiene principles. The effort of the Bureau with parents and teachers especially was to handle its contacts in behalf of children in such a way that these strategic adults were enabled not only to deal more successfully with the children concerned but also to acquire some insight into the principles of mental hygiene useful to them in other situations. Students trained in mental hygiene become later, as social workers, focal points for the spread of these principles.

In addition to these educational by-products of its regular work the program of the Bureau included a number of definite efforts to reach strategic groups not directly concerned with its daily work. The regular weekly staff meetings were attended by a large number of guests interested to know something of its work and such attendance was distinctly encouraged by the Bureau.

Even more significant from this point of view was the group of students at the School who were not preparing for work in the field of mental hygiene and therefore did no field work at the Bureau but did attend the courses in mental hygiene for the purpose of securing a working knowledge of the subject matter.

During the five and one-half years the members of the staff delivered one hundred fifty-seven public addresses. The audiences included members of child study associations, teacher's organizations, medical groups, church congregations, organizations of social workers, women's clubs, faculties of public and private schools, and a variety of others.

There is no way of estimating concretely the value of such public addresses but evidence is available that many of them bore fruit. To give one illustration, Dr. Kenworthy in the summer of 1926 delivered a series of twelve addresses in Pittsburgh at an Institute for Pittsburgh school teachers. As a direct result of this experience, the Frick Foundation of Pittsburgh awarded fellowships to thirty-five teachers from the Pittsburgh public schools to attend a six weeks' session at the New York School of Social Work during the summer of 1927 primarily for instruction in mental hygiene.

PUBLICATION OF STUDIES

It is the purpose of the New York School of Social Work as a part of its responsibility as Division I of the Commonwealth Fund program to prepare for publication several studies of particular aspects of the work of the Division which should collectively provide reasonably adequate data for a critical appraisal of its work. Some of these volumes will be published by the Division of Publications of the Commonwealth Fund. Others will be published by the School.

One volume based upon the work of this Bureau has already been referred to: *Three Problem Children*, published by the Joint Committee in 1924. The following studies to be published by the Division of Publications are now in process:

The Emotional Problems of the Superior Child, by Dr. Marion E. Kenworthy.
Mechanisms of Human Behavior, by Dr. Marion E. Kenworthy.
Studies of Educational Success and Failure in Supernormal Children, by Miss Jeanette Regensburg.

In addition to these the School has in preparation a study of one hundred cases from the Bureau of Children's Guidance, fifty of which show a successful outcome and fifty of which show failure. The purpose of this study is to analyze as exhaustively as possible the factors which played parts in the emotional unadjustment of the children concerned in so far as the Bureau was able to discover them, and to analyze the treatment factors brought into the situation as a part of the Bureau's program of treatment. It is hoped that the study will throw light both upon problems of emotional unadjustment in children and upon values and limitations of the work of the Bureau in its attempt to deal with them.

The School has in contemplation, also, the preparation of studies in education for social work to which the results of our experiments in the teaching of mental hygiene and in the field training of students of the Bureau of Children's Guidance will contribute.

Appendix B

STATISTICAL DATA COMPILED FROM THE RECORDS OF THE BUREAU OF CHILDREN'S GUIDANCE

Table 1. Summary of source of reference of all accepted cases classified by year of acceptance and sex.

Table 2. Summary of source of reference of carried cases.

Table 3. Service classification of entire case load.

Table 4. Service classification of three hundred analyzed cases.

Table 5. Sex and chronological age at last birthday.

Table 6. Intelligence quotient.

Table 7. Nativity of parents.

Table 8. Nativity of patients by nativity of parents.

Table 9. Race.

Table 10. Economic condition of family at time of reference.

Table 11. Size of family.

Table 12. Parental condition and whereabouts of patient.

Table 13. Religion of family.

Table 14. Grade in school.

Table 15. Conduct disorders and personality traits.

Table 16. General type of problem as referred.

TABLE 1

SUMMARY OF SOURCE OF REFERENCE OF ALL ACCEPTED CASES CLASSIFIED BY YEAR OF ACCEPTANCE AND SEX

Source of reference	1922			1923			1924			1925			1926			1927 (Jan.-June)			Entire case load			Per cent distribution of total	Number of girls per 100 boys
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total		
Agencies:																							
Social[1]	15	10	25	20	14	34	24	12	36	21	15	36	25	11	36	4	3	7	109	65	174	21.2	59
Medical and health	6	2	8	8	2	10	4	2	6	7	5	12	7	4	11	1	1	2	33	16	49	6.0	48
Schools	45	22	67	80	20	100	66	25	91	40	16	56	56	29	85	17	9	26	304	121	425	51.7	40
Private physicians	1	—	1	2	—	2	—	—	—	1	—	1	—	—	—	1	2	3	5	2	7	.8	40
Parents and relatives	9	5	14	10	8	18	9	13	22	13	8	21	17	5	22	7	2	9	65	41	106	12.9	63
Other:																							
Churches	1	1	2	1	2	3	4	1	5	1	3	4	4	—	4	1	2	3	12	9	21	2.6	75
Miscellaneous	1	2	3	5	2	7	8	3	11	7	7	14	5	—	5	—	—	—	26	14	40	4.8	54
Total	78	42	120	126	48	174	115	56	171	90	54	144	114	49	163	31	19	50	554	268	822	100.0	48

[1] Includes institutions.

TABLE 2

SUMMARY OF SOURCE OF REFERENCE OF CARRIED CASES[1]

Source of reference	*Carried cases*			*Per cent distribution*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*
Agencies:						
Social[2]	68	49	117	17.3	24.8	20.0
Health and medical	21	10	31	5.3	5.0	5.3
Schools	217	89	306	55.3	45.0	51.8
Private physicians	2	2	4	.5	1.0	.7
Parents and relatives	58	31	89	14.8	15.7	15.1
Other[4]	27	17	44	6.8	8.5	7.1
Total	393	198	591	100.0	100.0	100.0

[1] For definition of this classification, see Table 3.
[2] Includes institutions.
[4] Includes churches.

TABLE 3

SERVICE CLASSIFICATION OF ENTIRE CASE LOAD

Service classification[5]	*Entire case load*			*Per cent distribution of total*
	Boys	*Girls*	*Total*	
Carried cases	393	198	591	71.9
Slight service	13	10	23	2.8
Uneventuated	60	32	92	11.2
Withdrawn	88	28	116	14.1
Total	554	268	822	100.0

[5] The classifications were defined as follows:

Carried Cases. Those cases which had the various examinations completed, and received active social service and psychiatric treatment over a period of time; the term of treatment depending on the progress made with the case.

Slight Service. Those cases which were referred for a specific service, for example, physical examination, psychological examination, psychiatric diagnosis, advice as to institutional or foster home placement, but which were given no further treatment by the Bureau after being rendered the requested service.

Uneventuated. Those cases which were accepted for active treatment and which may have received social service or clinic service for a time but which for various reasons, for example the refusal of the family to cooperate with the clinic, the family's removal from the city, the placement of the patient in an institution, had to be closed before any progress was made towards the solution of the problem.

Withdrawn. Those cases which were closed almost immediately after being accepted, because of some unforeseen event which interfered with carrying out treatment.

TABLE 4

SERVICE CLASSIFICATION OF 300 CASES REVIEWED FOR SPECIAL STUDY[6]

Service classification[7]	*Cases reviewed*			*Per cent distribution*
	Boys	*Girls*	*Total*	
Carried cases	123	73	196	65.3
Slight service	8	1	9	3.0
Uneventuated	23	19	42	14.0
Withdrawn	45	8	53	17.7
Total	199	101	300	100.0

[6] Cases numbered in Bureau files from 200 to 299 and from 500 to 699 were included. See discussion in Chapter V.

[7] For definitions of classifications, see Table 3.

TABLE 5

SEX AND CHRONOLOGICAL AGE AT LAST BIRTHDAY[a]

Age at last birthday	Carried cases			Per cent distribution		
	Boys	Girls	Total	Boys	Girls	Total
1 year	—	1	1	—	.5	.1
2 years	1	2	3	.2	1.1	.5
3 years	3	2	5	.7	1.0	.8
4 years	5	5	10	1.3	2.5	1.7
5 years	5	3	8	1.3	1.5	1.3
6 years	12	6	18	3.1	3.0	3.0
7 years	19	7	26	4.8	3.5	4.4
8 years	33	7	40	8.4	3.5	6.8
9 years	34	13	47	8.6	6.6	7.9
10 years	43	11	54	11.0	5.6	9.1
11 years	32	9	41	8.2	4.6	6.9
12 years	32	14	46	8.2	7.1	7.8
13 years	49	20	69	12.5	10.2	11.7
14 years	42	30	72	10.7	15.1	12.2
15 years	41	29	70	10.5	14.7	11.9
16 years	21	12	33	5.3	6.1	5.6
17 years	11	10	21	2.8	5.0	3.5
18 years	6	10	16	1.5	5.0	2.7
19 years	3	2	5	.7	1.0	.8
20 years	—	3	3	—	1.5	.5
21 years and over	1	2	3	.2	1.0	.5
Total	393	198	591	100.0	100.0	100.0
SUMMARY:[b]						
1 year to 4 years	9	10	19	2.3	5.0	3.2
5 years to 9 years	103	36	139	26.2	18.2	23.5
10 years to 14 years	198	84	282	50.5	42.5	47.8
15 years to 19 years	82	63	145	20.8	31.8	24.5
20 years and over	1	5	6	.2	2.5	1.0
Total	393	198	591	100.0	100.0	100.0

[a] In this and in the following tables, carried cases only are included.

[b] The groupings agree with the census classification.

TABLE 6

INTELLIGENCE QUOTIENT

Intelligence quotient	*Carried cases*			*Per cent distribution of reported cases*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*
–49	2	—	2	.5	—	.3
55–59	4	1	5	1.1	.5	.9
60–64	5	4	9	1.3	2.2	1.6
65–69	6	4	10	1.6	2.2	1.8
70–74	9	4	13	2.4	2.2	2.3
75–79	21	15	36	5.6	8.1	6.5
80–84	35	19	54	9.4	10.4	9.7
85–89	39	16	55	10.5	8.7	9.9
90–94	39	21	60	10.5	11.5	10.8
95–99	38	24	62	10.2	13.1	11.2
100–104	32	23	55	8.6	12.5	9.9
105–109	37	20	57	10.0	10.9	10.3
110–114	28	9	37	7.5	4.8	6.6
115–119	30	11	41	8.0	6.0	7.4
120–124	16	9	25	4.3	4.8	4.5
125–129	9	3	12	2.4	1.6	2.1
130–134	8	—	8	2.1	—	1.4
135 and over	15	1	16	4.0	.5	2.8
I. Q. not reported	20	14	34	—	—	—
Total	393	198	591	100.0	100.0	100.0
SUMMARY:						
Below 70	17	9	26	4.5	5.0	4.6
70–79	30	19	49	8.0	10.3	8.8
80–89	74	35	109	20.0	19.0	19.6
90–109	146	88	234	39.0	48.0	42.1
110–124	74	29	103	20.0	15.6	18.5
125 and over	32	4	36	8.5	2.1	6.4
I. Q. not reported	20	14	34	—	—	—
Total	393	198	591	100.0	100.0	100.0

TABLE 7

NATIVITY OF PARENTS

Nativity	*Carried cases*		*Per cent distribution of foreign born whose nativity was reported*	
	Father	*Mother*	*Father*	*Mother*
United States	[10]190	[10]208	—	—
Russia	106	103	29.7	30.1
Italy	63	55	17.6	16.1
Ireland	25	28	7.0	8.1
Germany	24	29	6.7	8.4
Poland	15	14	4.2	4.1
Austria	27	29	7.5	8.4
England	19	9	5.3	2.6
Hungary	8	7	2.2	2.0
Roumania	11	10	3.1	2.9
All others	60	59	16.7	17.3
Nativity not reported	43	40	—	—
Total	591	591	100.0	100.0

[10] Of the fathers 32.1 per cent and of the mothers 35.2 per cent were born in the United States.

TABLE 8

NATIVITY OF PATIENTS BY NATIVITY OF PARENTS

Nativity group	*Carried cases*			*Per cent distribution of reported cases*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*
Native born:						
Of native parents	104	51	155	28.7	28.1	28.5
Of one native parent	56	20	76	15.4	11.0	14.0
Of foreign parents	178	88	266	49.0	48.2	48.7
Foreign born	25	23	48	6.9	12.7	8.8
Nativity of patient or of one or both parents not reported	30	16	46	—	—	—
Total	393	198	591	100.0	100.0	100.0

TABLE 9

RACE

Race[11]	Carried cases			Per cent distribution of reported cases		
	Boys	Girls	Total	Boys	Girls	Total
Hebrew	132	81	213	36.3	43.8	38.8
Italian	42	16	58	11.5	8.6	10.6
German	26	14	40	7.1	7.5	7.2
Irish	28	10	38	7.6	5.4	6.9
Negro	19	17	36	5.2	9.2	6.5
Mixed	76	30	106	20.8	16.3	19.2
All others	42	17	59	11.5	9.2	10.8
Race not reported	28	13	41	—	—	—
Total	393	198	591	100.0	100.0	100.0

[11] The classification used follows the condensed form of list of races adopted by the United States Immigration Service.

TABLE 10

ECONOMIC CONDITION OF FAMILY AT TIME OF REFERENCE

Economic condition[12]	Carried cases			Per cent distribution of reported cases		
	Boys	Girls	Total	Boys	Girls	Total
Dependent	37	24	61	9.5	12.2	10.5
Marginal	225	111	336	58.3	56.7	57.8
Comfortable	122	60	182	31.7	30.6	31.2
Affluent	2	1	3	.5	.5	.5
Economic condition not reported	7	2	9	—	—	—
Total	393	198	591	100.0	100.0	100.0

[12] The definitions of the terms used in this classification are as follows:

Dependent. Lacking in the necessities of life or receiving aid from public funds or persons outside the immediate family.

Marginal. Living on earnings but accumulating little or nothing; being on the margin between self-support and dependency.

Comfortable. Having accumulated resources sufficient to maintain self and family for at least four months, but not affluent.

Affluent. Having large income and accumulated resources which provides luxurious living.

TABLE 11

SIZE OF FAMILY[13]

Number of children	*Carried cases*			*Per cent distribution of reported cases*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*
One	51	35	86	13.2	18.0	14.8
Two	86	34	120	22.3	17.5	20.7
Three	67	43	110	17.3	22.1	19.0
Four	60	18	78	15.6	9.2	13.4
Five	34	22	56	8.8	11.3	9.6
Six	36	15	51	9.3	7.7	8.8
Seven	22	12	34	5.7	6.1	5.8
Eight	13	8	21	3.3	4.1	3.6
Nine	10	4	14	2.6	2.0	2.4
Ten	4	3	7	1.0	1.5	1.2
Eleven	1	1	2	.2	.5	.3
Twelve	2	—	2	.5	—	.3
Sixteen	1	—	1	.2	—	.1
Number of children not reported	6	3	9	—	—	—
Total	393	198	591	100.0	100.0	100.0

[13] Includes patient and all children born alive before patient was referred. Includes step and half siblings, but excludes foster brothers and sisters.

TABLE 12

PARENTAL CONDITION AND WHEREABOUTS OF PATIENT

Situation	Carried cases			Per cent distribution of reported cases		
	Boys	Girls	Total	Boys	Girls	Total
Child with:						
Both own parents	243	95	338	62.2	48.3	57.5
Mother and step-father	11	10	21	2.8	5.1	3.6
Father and step-mother	8	8	16	2.1	4.0	2.7
Mother only: Father dead	40	24	64	10.2	12.2	10.9
Father deserting	11	4	15	2.8	2.0	2.5
Parents separated	13	11	24	3.3	5.6	4.1
Parents divorced	5	2	7	1.3	1.0	1.2
Other causes	4	2	6	1.0	1.0	1.0
Father only: Mother dead	12	3	15	3.1	1.5	2.5
Mother deserting	1	—	1	.3	—	.2
Parents separated	—	—	—	—	—	—
Parents divorced	—	—	—	—	—	—
Other causes	2	1	3	.5	.5	.5
In foster home	30	24	54	7.6	12.2	9.2
In institution	9	12	21	2.3	6.1	3.6
Other	2	1	3	.5	.5	.5
Situation not reported	2	1	3	—	—	—
Total	393	198	591	100.0	100.0	100.0

TABLE 13

RELIGION OF FAMILY

Religion	*Carried cases*			*Per cent distribution of reported cases*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*
Hebrew	125	75	200	33.4	40.2	35.7
Protestant	103	47	150	27.6	25.2	26.7
Roman Catholic	100	45	145	26.8	24.1	25.9
Greek Catholic	5	—	5	1.3	—	.9
Other[14]	4	—	4	1.0	—	.7
Mixed	25	14	39	6.7	7.4	6.9
None	12	6	18	3.2	3.1	3.2
Religion not reported	19	11	30	—	—	—
Total	393	198	591	100.0	100.0	100.0

[14] Includes Christian Science, Armenian Apostolic, Ethical Culture, Nazarene.

TABLE 14
GRADE IN SCHOOL

School classification	Carried cases			Per cent distribution of cases in regular grades		
	Boys	Girls	Total	Boys	Girls	Total
Regular grades of elementary and secondary schools:						
1A	9	5	14	2.6	3.0	2.7
1B	11	7	18	3.2	4.1	3.5
2A	13	5	18	3.8	3.0	3.5
2B	11	3	14	3.2	1.7	2.7
3A	21	5	26	6.2	3.0	5.1
3B	21	10	31	6.2	5.9	6.1
4A	20	7	27	5.8	4.1	5.3
4B	24	6	30	6.9	3.6	5.9
5A	25	6	31	7.2	3.6	6.1
5B	14	5	19	4.0	3.0	3.7
6A	23	6	29	6.7	3.6	5.6
6B	13	9	22	3.8	5.3	4.3
7A	17	11	28	4.9	6.5	5.4
7B	15	11	26	4.3	6.5	5.1
8A	20	9	29	5.8	5.3	5.6
8B	15	11	26	4.3	6.5	5.1
9A	15	6	21	4.3	3.6	4.1
9B	22	7	29	6.4	4.1	5.6
10A	11	6	17	3.2	3.6	3.2
10B	6	8	14	1.7	4.6	2.7
11A	7	7	14	2.0	4.1	2.7
11B	4	7	11	1.2	4.1	2.1
12A	5	6	11	1.4	3.6	2.1
12B	3	6	9	.9	3.6	1.8
Total in regular grades	345	169	514	100.0	100.0	100.0
Kindergarten	8	4	12	—	—	—
Continuation school	8	2	10	—	—	—
Trade school	2	2	4	—	—	—
College	1	2	3	—	—	—
Ungraded class	7	1	8	—	—	—
Grade not reported	5	—	5	—	—	—
Not in school:						
Of school age or above	8	10	18	—	—	—
Of pre-school age	9	8	17	—	—	—
Total carried cases	393	198	591	—	—	—

TABLE 15

CONDUCT DISORDERS AND PERSONALITY TRAITS

Behavior disorder[15]	*Carried cases*			*Per cent distribution*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*
Lying	147	73	220	37.5	36.9	37.3
Disobedience	132	79	211	33.6	39.9	35.8
Disorderly conduct in school	149	45	194	38.0	22.8	32.9
Tantrums	120	67	187	30.6	33.9	31.7
Quarreling	106	76	182	27.0	38.4	30.8
Stealing	121	40	161	30.8	20.3	27.3
Day-dreams	81	58	139	20.7	29.3	23.6
Truancy	113	24	137	28.8	12.2	23.2
Defiance of authority	83	38	121	21.2	19.2	20.5
Fighting	89	32	121	22.7	16.2	20.5
Sullenness	78	42	120	19.9	21.3	20.4
Over-activity	91	27	118	23.2	13.7	20.0
Jealousy	66	51	117	16.8	25.8	19.8
Shyness	68	46	114	17.4	23.3	19.3
Irritability	74	35	109	18.8	17.7	18.4
Stubbornness	50	39	89	12.8	19.7	15.1
Hyper-sensitiveness	49	34	83	12.5	17.2	14.1
Staying out late nights	47	28	75	12.0	14.2	12.7
Tendency to withdraw	44	31	75	11.2	15.7	12.7
Running away from home	53	14	67	13.5	7.1	11.4
Profanity	40	20	60	10.2	10.2	10.2
Morbid fears	37	21	58	9.4	10.7	9.8
Destructiveness	36	9	45	9.2	4.5	7.6
Sex preoccupation	26	13	39	6.6	6.5	6.6
Impudence	17	22	39	4.3	11.2	6.6
Depressiveness	14	22	36	3.5	11.2	6.1
Laziness	23	9	32	5.8	4.5	5.4
Gang activities	30	1	31	7.6	.5	5.2
Selfishness	19	9	28	4.8	4.5	4.7
Gambling	27	—	27	6.9	—	4.6
Conflict with law	26	1	27	6.6	.5	4.6
Suspiciousness	10	14	24	2.5	7.1	4.1
Bunking out	15	3	18	3.8	1.5	3.0
Facial grimaces	11	5	16	2.8	2.5	2.7

[15] One patient may present several behavior disorders.

TABLE 16

GENERAL TYPE OF PROBLEM AS REFERRED

Problem	*Carried cases*			*Per cent distribution*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*
Health only	49	33	82	12.5	16.7	13.9
Education only	44	11	55	11.2	5.5	9.3
Behavior only[16]	174	94	268	44.3	47.5	45.3
Behavior and education	59	29	88	15.0	14.7	14.9
Behavior and health	43	16	59	11.0	8.1	10.0
Health and education	10	9	19	2.5	4.5	3.2
Health, behavior, and education	14	6	20	3.5	3.0	3.4
Total	393	198	591	100.0	100.0	100.0
SUMMARY:						
Total number of cases involving health problem	116	64	180	29.5	32.3	30.5
Total number of cases involving education problem	127	55	182	32.3	27.8	30.8
Total number of cases involving behavior problem	290	145	435	73.8	73.2	73.6

[16] The term "behavior" is here used to include conduct disorders and personality traits (see Table 11).

Appendix C

EXAMINATION FORMS USED AT THE BUREAU OF CHILDREN'S GUIDANCE

THE SOCIAL HISTORY OUTLINE

THE PSYCHOLOGICAL EXAMINATION

THE PHYSICAL EXAMINATION

The reader will have noticed the reference to the *four-fold study* utilized at the Bureau of Children's Guidance in the chapter entitled "The Scientific Basis of Child Guidance." The four angles from which the study of personality is made are the social history, the psychological study, the physical examination, and the psychiatric contact.

In the following pages an outline plan of the first three aspects of the study is included. The psychiatric approach is outlined in Chapters II and III in some detail, and a complete structuralized plan will be included in a future publication.

OUTLINE OF THE SOCIAL HISTORY

It will be noted by the reader that the *face sheet* which forms the first page of each case history contains spaces for all the identifying data which must be included for record keeping. The instructions which follow are included for the direction of the student in order that she may obtain this specific information at the time of first contact. These instructions are self-explanatory.

FACE SHEET

In getting the history of a patient the worker should get such facts as are needed to fill in the face sheet accurately and completely. The patient's name should be in *red* ink.

If more than one person in a family is being treated there should be a separate record for each one and note made of the fact on each face sheet, (see sample).

In listing the family put only those children who are living in the family in the first list. Those who are married and living away from home or working away from home should be listed under "Relatives," with addresses and relationship given, (see sample.)

Under "Churches, Agencies, Persons interested," put on the first line "Cleared at S. S. X.," and the date, and if known to the Exchange list the agencies interested (with dates of the Bureau investigation) as given on the blank returned by the Exchange. Also list others interested who have not registered at S. S. X.[1]

Date on the face sheet means the date of first contact, that is, the date that the worker first begins her investigation.

Be sure that your dates are accurate. Births must be verified by the birth certificates which the parents have or by Board of Health or Church registers.

The face sheet should be kept up to date.

[1] Medical Treatment received previously should be listed with dates under "Churches, Agencies, Persons interested."

SOCIAL SERVICE DEPARTMENT
OF THE
BUREAU OF CHILDREN'S GUIDANCE

Name	*Date*	*Case No.*
		s. m. w. ds. dv. sep.

Referred by

Reason

Treated by

Date	*Address*	*Floor*	*Rent*	*How to get there*

First Name	*Age at 1st ap.*	*Date of br.*	*Birth-place*	*Reli-gion*	*Occupation or school*	*Wages*	*Remarks*
1. (Man)							
2. (Woman)							
3. (Children)							
4.							
5.							
6.							
7.							
8.							
9.							
10. Others in household							
11.							
12.							

Date	*Previous Address*	*Marriage*		*Time*		
		Date	*Place*	*In U.S.*	*In State*	*In City*
				Man		
				Woman		

Of Whom	*Relatives*		*Churches, Agencies, Persons interested*	*In whom*
	Name	*Address*		

Date	*Employers*	
	Name	*Address*

THE PRELIMINARY STATEMENT OF PROBLEM

In order that the process of selection of cases for treatment might be facilitated a statement from the source of reference was always required. The facts, including the symptomatic behavior of the patient, as seen by the person most concerned in procuring treatment, makes an important addition to the picture of the problem for it often reflects the emotional and individual responses of the referring person which must be taken into consideration in making a treatment plan.

BROWN, SAM.
1300 Clay Street, Bronx.
Born: 8–25–06.
Colored.
6B. P. S. No. 1. Room 204.
Referred: 3–5–22.
By: Visiting Teacher. P. S. No. 1, Bronx.

The preliminary statement sent in by a visiting teacher, social worker or other individual should be read and such facts taken from it as will give clear indication of who referred the patient, the type of problem the referring individual considers this to be (behavior, educational, or health) and in what ways the patient is a problem.

Example

Miss A. referred ..... as a behavior problem. During the past year he has been reported by his teachers for ....., etc.

THE SOCIAL HISTORY OUTLINE CONTENT

As implied in Chapter II, The Content of Child Guidance, the family background as well as the patient's personal history is needed if we are to gain a true picture of all the cause and effect relationships which have influenced and colored the environmental and emotional aspects of the child's growing period. It will be noted in the following pages that the information to be obtained by the student includes not only the concrete facts of family and hereditary forebears but also the dynamic and more potent influences of attitudes, interests, prejudices, and personality patterns of all the family members including the first, second, and third generations.

The outline which follows is reported in some detail although it will be obvious to the reader that there are many items which are mentioned with slight accent which in some cases will furnish a very rich field for further examination by the worker. For the student in training and the experienced worker this brief outline is sufficient, for it allows much leeway.

In writing up histories, use in general the following outline. The worker may add to these topics whenever she wishes in order to emphasize certain facts. *In writing histories use narrative form, taking care to state who the informant is, state actual incidents whenever possible, and the reactions of persons involved.* The purpose of the social history is to give background around which to plan treatment. By this we mean as much of the life picture as it is possible to get. As all members of the family play a part in the life of our particular patient, as well as have a group life to which the patient contributes, we must study each individual in the family, his points of view, prejudices, etc. Each happening in life has an emotional value for each individual. We must, therefore, first get concrete happenings, and second, the meaning of these happenings to every one concerned. *Where there are conflicting stories give them all with sources unless it is something which can be verified, as date of birth.* In that case make sure of the correct information.

In taking histories the worker consults all sources except the patient himself. (The psychiatrist makes the first contact with the child re his problem). Aim for ACCURACY, COMPLETENESS, and CLEARNESS.

SOURCES OF INFORMATION

1.
2. Give name, address, and relationship:
3. to patient of each.
4. (Address unnecessary as is placed on face sheet.)

WORKER'S CONTACT(S) WITH FAMILY AND OTHERS INTERESTED

Date of Contact.

An explanation of certain steps in the process of investigation is frequently needed to bring out points that show why the worker has gained, or why she has failed to gain, the cooperation of the patient's family or others interested. Some such statement should include happenings in connection with the gathering of information which cannot be included in the social history. If more than one contact with the family is made before the history is complete, the dates of each should be given. If others are seen (such as social workers, orphanage officials, doctors, etc.) who have a particular interest in or a guardianship over the child, some mention of the worker's interview with them may be a means of clarifying the record. These statements of contacts should not include any information which properly belongs in the social history and should be brief. They should all be dated.

(Sources of information given by S. S. X. should be carefully followed up before the history is written.)

Describe the individual's appearance, attitudes, and behavior as seen by the worker or as reported to her, stating source.

FAMILY HISTORY

Paternal

Grandfather
Grandmother
Aunts
Uncles
Father

Maternal

Grandfather
Grandmother
Aunts
Uncles
Mother

Information re relatives is of value because of the conditioning factors to the other members of the group. Get history as far back as possible, especially if of particular significance, with emphasis on emotional reactions to specific events. If possible, learn parents' relationship with their own parents and other members of the family group, their ideals, ambitions, etc., in very much the same way you will attempt with the child. How do they explain the problem, how do they treat it, what is their attitude toward it and the child, etc.?

Note. In discussing each individual, give attitude to patient; name, age; place of birth; date, place, and cause of death; if living, give present address; also state source of information.

Example

Paternal grandfather, John Brown, was born 11/6/60, in Philadelphia, and died 4/21/10, in New York City, of pneumonia.

Source. Department of Health.

Give significant facts in his history, such as health and work histories, school, special aptitudes, mental condition; insanity; epilepsy;

alcoholism; nervousness; "queerness"; violent temper; drug addiction; paralysis; suicide; convulsions; venereal disease; tuberculosis and other serious diseases; special deformities; economic dependency; industrial inefficiency; vagrancy; institution or court record; sex offenses; still-births; miscarriages; children dying in infancy. In parental history especially determine excessive height or weight; diabetes; goitre; abnormalities in menstruation.

MARITAL RELATIONS OF PARENTS

Give as detailed a picture as possible, factual and emotional, leading up to and since marriage. Did they want their children, points of particular disagreements, common interest, etc.?

HOME

a. Former Environment.

b. Neighborhood.

Present neighborhood; how long has family lived there and what sort of neighborhood had they been used to previously; what are its recreational facilities; etc. Did or does the behavior of any member of the group reflect its influence?

c. Physical Condition of Home.

Number of rooms; condition; sleeping arrangements; general hygiene; excessive crowding; economic condition; any outside help received; if so, how adequate and from whom.

d. Atmosphere

Relationship of members of the family to each other from birth to present day if possible. Parents' concept of the ideal family. What actually seems to you to be their home life, in spirit, in terms of cooperation, self-interest versus group-interest.

e. Religion.

Has the family a religious affiliation and how vital a part does it play in their life? What is their interest and participation in church activities? Is there anyone in the church who has a special interest in the family and how is it manifested? What religious training does the child receive? How is it applied in the handling of his misdeeds, lying, stealing, etc.? Is it forced upon him, etc.?

FRATERNITY OF PATIENT

1.
2.
3. Etc.

List in order of birth, indicating miscarriages; abortions—whether spontaneous, artificial or unascertained; still-births, etc. Parents'

reaction to the above, particularly mother's. State name; date of birth; and after each give what is known regarding health, school work, conduct, habits, attitude, etc. List the patient in the order in which he comes in the family, but his developmental history follows in more detail than the others.

DEVELOPMENTAL HISTORY OF PATIENT

Birthdate and place, verifying if possible; pregnancy, mother's health during this time, any emotional reactions, normal or difficult; birth—normal or instrumental; birth injuries; "blue baby"; deformities; breast or bottle fed; regularity and length of feeding; weaning difficulties; dentition; walking; talking; enuresis; convulsions; thumb sucking; health up to sixteen. Give source. Mother's attitude towards each of these facts and management of this period. How much emotional concern did the mother feel and how much extra care did the child get?

HEALTH OF PATIENT

State chronologically the patient's health history from birth; giving sources. Note especially children's diseases; chorea; convulsions; fainting, describe attacks and give precipitating cause if possible; sleep quiet or disturbed; dreams; night terrors, etc.; appetite; use of coffee, tea, food fadism, etc.

If patient has had hospital care reports of the same should be secured. This can usually be best done by a letter to the superintendent of the hospital. Such letters are signed by the director of the Bureau. If replies are received before the history is completed the information contained in them should be incorporated in the history; otherwise the information should be placed under "Treatment." How did members of the family, hospital, etc., treat child during illnesses?

SEX LIFE

Give as complete a statement as possible of sex interests, preoccupation, including first evidence of sex curiosity, any sexual activities, who was first informant, how was information given, method of handling by parent, attitude of informant towards child and his problem as informant sees it. How do parents reflect their own attitude in handling this aspect of patient's life?

SCHOOL HISTORY

Give a detailed account of the patient's school career, stating at what age and grade he entered; what schools he has attended; his progress in each; conduct; any reactions he showed at entering and since; attendance—regular or irregular; truancy—alone or with

others; frequency and reasons; school situation at these times; reports of psychological tests if such have been given, stating by whom given and when; reaction to other children; reaction to teacher; teacher's attitude towards child, her way of handling him and her estimation of his attitude towards school contact; and any other facts which may throw light on the problem. Always secure a complete record of the child's progress from the school card (secure two duplicate cards if possible) and if the child has had to repeat grades find out the reason and child's attitude towards this repetition. Also how the school handled it. School evaluation of parents' interest. Reports of teachers, followed by worker's impression of teacher.

WORK HISTORY

Reason for going to work. If possible, interview employer, learning personality of boy, kind of work done, wages, hours, aptitude for it, attitude towards it, and towards those in authority as well as towards other employees. Did boy respond to personal interest?

RECREATION AND COMPANIONSHIP

State here the chief interests and kind of activities of the child; how he spends his leisure time; who his playmates are; how he gets on with them, etc. Is his family interested, is there joint participation; are they satisfied with his activity? How much initiative do they urge?

CONDUCT

(Actions at home, at school, etc.)

Give as detailed an account as possible of the child's conduct. Are there sex difficulties; stealing; lying; running away; tantrums; obstinacy; repression; poor interests; school dissatisfaction; gang interests; bad companions? Attitude towards those in authority? Get description of instances when possible showing when, where and under what provocation they occurred, and the attitudes of all concerned. In what specific ways has teacher or others tried to reach and help the child? Give court record if there is one. Give an equally detailed account of his conduct which others consider desirable.

ATTITUDES AND CHARACTERISTICS

How, when, and in what relationships do these attitudes manifest themselves? Is he shy; self-conscious; impulsive; changeable; easily discouraged or persistent; affectionate; sullen; jealous; reserved; special attachments; suspicious; apt to blame others; fair-minded; grudge attitude; day-dreaming; nail biting? Is he a leader? Does he prefer to play alone? With children younger or older than

himself or with those of his own age? What are his special interests and aptitudes in work and play?

The worker should make note of her own impressions and so label them—they should come at the end of the record in all probability.

THE PSYCHOLOGICAL EXAMINATION

This part of the four-fold study is essentially important for it offers not only the concrete results of mental age rating, intelligence quotient levels, an index to special aptitudes and disabilities, but moreover it furnishes an important picture of the child's response in a given situation where his emotional responses, attention to concrete tasks, interest, cooperation and effort span are displayed. This angle of the examination in every case contributes largely to the psychiatric study and interpretation of his problem.

It is well known that an essential factor in the child's adjustment to life is his capacity to learn, to think for himself, to fit himself educationally and vocationally for independent living. This part of his equipment is so important that it may affect his personality and social relationships and always will count largely in his school accomplishment and vocational choice. In our present day development psychological tests furnish the safest clues to this angle of the child's problem and thus were made part of the regular procedure at the Bureau.

The intellectual life of the child for the practical purposes of a psychological examination was conceived as measurable in four fields: (1) general intelligence, (2) educational achievement, (3) the ability to work with concrete and mechanical material, (4) miscellaneous abilities, either highly or loosely correlated with general intelligence and including certain vocational aptitudes. A division such as this is theoretical since all four fields are capable of overlapping. Each must be seen in its relation to the other three so that the child's intellectual life, conceived as a unified whole, may, in the end, be considered in the larger, more significant setting of his social and emotional milieu. The psychological examination is an instrument to be used in the solution of a problem in which the main emphasis may be vocational, educational, physical, or social-emotional. Wherever the emphasis, or how distributed among these four possibilities, it is clear that every test score must be interpreted in terms of an intensely personal issue. In other words the absolute numerical values must become relative; the test results must be seen as both influencing and influenced by the inner life of the child, his past experience, the attitudes emanating from his environment, and the external situations which confront him now and in the future.

Once the test scores were tabulated there were always two questions to be answered. In this child's case ought we to consider the results reliable? Evaluating this child's personal history in its totality, what is the best use we can make of such objective measures as we have obtained? The specific tests administered varied in accordance with the child's age and problem, but a general uniformity of purpose existed though there never was a "routine schedule" and an examination might be as short as one hour or as long as eight (in the latter case extending over several short periods).

The list of tests which were available at the Bureau is subdivided to fit as accurately as possible the four-fold survey. The starred tests were those constantly in use. The others were used less frequently for special purposes as indicated.

1. *General Intelligence*
   - *Stanford Revision of the Binet-Simon Test
   - *Army Alpha (for all children 14 and over)
   - Pintner Non-Language Test (when auditory, speech, or language difficulties were involved)
   - Herring Revision of Binet-Simon (when Stanford Revision had for some reason been invalidated)
   - Merrill-Palmer Scale (for pre-school children)
   - Thurstone Psychological Test for High School Seniors and College Freshmen

2. *Educational Achievement*
   - *Kansas Silent Reading
   - *Gray's Oral Reading Check Tests
   - *Courtis Arithmetic Test
   - *Pressey Second and Third Grade Attainment Scales
   - Cleveland Survey Arithmetic Test (for diagnostic purposes)
   - Hotz Algebra Scale
   - Stone Reasoning Test
   - Buckingham-Ayres Spelling Scale
   - Stanford Achievement Test (when the educational problem was severe)
   - Those tests for reading disability which were kindly made available by Dr. Samuel T. Orton before their official publication

3. *Ability to work with concrete and mechanical material*
   - *Ferguson Form Boards
   - *Stenquist Assembly Test, series 2
   - *Toops Assembly Test for Girls
   - Pintner-Paterson Scale (for children up to 10 years)
   - Stenquist Mechanical Aptitude Tests
   - Healy Puzzle Box

4. *Miscellaneous*
   - *Healy Tapping Test for eye-hand coordination
   - *Porteus Mazes
   - *Pictorial Completion Test I for children under 9 years
   - *Pictorial Completion Test II for children over 8 years
   - *Kelley-Trabue Language Completion Scale Alpha
   - Cancellation Test
   - Symbol-digit Test
   - Digit-symbol Test
   - Easy Directions Test (Woodworth-Wells)

Easy Opposites Test (Woodworth-Wells)
Substitution Test (Woodworth-Wells)
Knox Cube Imitation Test
Thurstone Clerical Test
Clerical Test 2 (Institution for Educational Research, Teachers' College)

THE PHYSICAL EXAMINATION

The examination blank used to record the study of each child will indicate our interest in gaining some insight into the glandular make-up and functional organization of his endocrine balance as well as his physical and organic equipment.

The examination proper included then a routine physical examination with careful neurological study plus the search for glandular data. In cases where laboratory tests were indicated Basal Metabolism, Blood Sugar, Urine examination, etc., were included. On the first few hundred cases Blood Wassermann's and X-rays were included in all studies. This was a very expensive procedure since the set-up of the Bureau did not permit of the expense of a laboratory and other special examinations being done within the group. In an ideal clinic set-up there should be a laboratory for a complete chemical and X-ray study of each subject taken for treatment.

After each case was examined a summary of the findings was made and summarized diagnosis with treatment recommendations was included. It was noted that in the psychological examination period one finds an opportunity to observe through the child's behavior and reactions many significant and valuable leads to the child's emotional problem. In the physical examination these opportunities are even more valuable. For that reason in the Bureau practice the physical examination was always done by the psychiatrist who was to carry on psychiatric treatment.

Through this phase of the examination the many questions and answers, the emotional and feeling reactions of the child constitute a rich field of information which might never be tapped if a physician unaware of the psychiatric opportunities were to make an adequate but purely impersonal scientific examination of the child's physical equipment.

Case Number.....

BUREAU OF CHILDREN'S GUIDANCE

of the

NEW YORK SCHOOL OF SOCIAL WORK

PHYSICAL EXAMINATION

Patient.....

Address.....

Age.....

Date of Examination.....

Summary of Findings

General Appearances

Height ..... Weight ..... Ht. Wt. Ratio .....

SL ..... T ..... T—Spread of Arms .....

IL ..... A ..... L .....

OSSEOUS

Skull ..... FAF + FEF × FBFXFDF = ...
Cranial Capacity

Bony Prominences Normal ..... Slightly prominent Medium ..... Marked

Frontal boses ..... None ..... Slight ..... Medium ..... Marked

Symmetrical ..... Asymmetrical Slight ..... Medium ..... Marked

Jaw

Very narrow ..... Narrow ..... Medium ..... Broad ..... Very broad .....

Pointed ..... Round ..... Square .....

Orthognathic ..... Mesognathic ..... Prognathic .....

Palate

Normal ..... Keel shaped ..... V-shaped .....

Nose

Very small ..... Small ..... Medium ..... Large ..... Very large .....

Mongoloid ..... Cretenoid ..... Nedroid ..... Saddle .....

Ears

Very small ..... Small ..... Medium ..... Large ..... Very large .....

Other characteristics .....

Eyes

Mongoloid ..... Epicanthus .....

Other characteristics .....

Face

Symmetrical ..... Asymmetrical ..... Slight ..... Medium ..... Marked .....

Acromegalic ..... Acromicric ..... Cretinoid ..... Mongoloid ..... Thymic .....

Trunk and Extremities: Kyphosis ..... Lordosis ..... Scoliosis .....

Functional ..... Organic .....

Remarks: .....

Shoulder blades: Prominent ..... Winged .....

Ribs: Flaring ..... Harrison's Groove .....

Hands: Circumference ..... Length ..... Length middle finger of right hand .....

Fingers: Very stubby ..... Stubby ..... Normal ..... Tapering ..... Very tapering .....

Feet: Circumference ..... Length .....

Pelvis, contour: Masculine ..... Intertrochanteric .....

Feminine ..... Sacro-symph .....

JOINTS AND LIGAMENTS

Laxity: Fingers.....Elbows.....Knees.....(Flat feet).....
None.....Slight.....Medium.....Marked.....
Cracking on movement—None.....Slight.....Medium.....Marked.....

MUSCULATURE

Very poorly developed.....Poorly developed.....
Well developed.....Very well developed.....

TEGMENTAL

Skin

Color: .....
Texture: Fine.....Medium.....Coarse.....
Dermatoses, pigment spots, etc.: None.....
Describe:.....
Myxedematous infiltration: None.....
Describe:.....
Dimpling (especially back of hands): None....Slight....Medium....Marked....
Wrinkling: None.....Slight.....Medium.....Marked.....
Hydrosis: Hyper.....Axillae.....Palms.....Soles.....General.....
Hypo.....Scaliness.....
Normal.....Slight.....Medium.....Marked.....
Oily.....Greasy.....None.....Slight.....Medium.....Marked.....
Reaction to stroking lightly with finger:
Time of appearance.....Time of persistence.....
Width after 1 minute.....
Red.....White.....Slight.....Medium.....Marked.....
Mottling:
General.....Trunk.....Thighs.....Arms.....Legs.....
None.....Slight.....Medium.....Marked.....
Congestion:
Hands.....Feet.....
None.....Medium.....Slight.....Marked.....
Subjective reaction to cold: Average.....Marked.....
Frilosity.....Blanching.....
Remarks: .....

Hair

General distribution: Normal.....Hypertrichosis.....
Describe: .....
Head—Hair line: Low.....Medium.....High.....
Color: .....Straight.....Curly.....Kinky.....
Texture—Very fine....Fine....Medium....Coarse....Very coarse....Brittle.....
Luster—Normal.....Dry.....Oily.....
Face—Beard.....Distribution.....Thick.....Thin.....Fine.....Coarse.....

Axillary—None....Normal for age....Thick....Thin....Fine....Coarse....
Eyebrows: Very thin....Medium....Thin....Outer third....
Very thick....Medium....Thin....Inner third....
Nasal brow: None....Slight....Medium....Thick....
Pubic—Average for age....Light....Medium....Heavy....
Hair line....Masculine....Feminine....Not differentiated....

Nails

Texture: Fine....Medium....Coarse....
Brittleness: None....Slight....Medium....Marked....
Curling: None....Slight....Medium....Marked....
Ridging: None....Slight....Medium....Marked....
White spots: None....Slight....Medium....Marked....
Other trophic changes:
Crescents: Small....Medium....Large....

Teeth: Small....Medium....Large....
Spacing—Slight....Medium....Marked....
Crowding—Slight....Medium....Marked....
Shape—Shovel....Peg....Upper central incisors....
Lower lateral incisors....
Tartar deposits: Slight....Heavy....None....
Carious: None....Describe:....
Development: Normal....Early....Late....

Trophic disturbances: Grooves....
Describe....

Metabolism

Skin: Cool....Medium....Warm....Temp....
Craving for sweets: None....Slight....Medium....Marked....
Adiposity: Normal distribution....Generalized obesity....
Girdle type....Hip....Shoulder....
Mammary....Mons....Trochanteric....
Eunuchoid....Steatopygia....
Supraclavicular fat pads....Dorsum wrist....Foot....

SEX ORGANS

Penis—Infantile....Small....Medium....Large....Very large....
Testes—Infantile....Small....Medium....Large....Very large....
Descended—Partially descended....Cryptorchidism....Right—Left....Both....
Scrotal fold 1—2—3....Implantation 1—2—3....
Hypospadia....
Clitoris: Normal....Hooded....Small....Medium....Large....
Labia: Normal....Small....Medium....Large....
Breasts: Small....Medium....Large....

Gynecomastia.....Bilateral.....Hemilateral.....

Catamenial history: Age at beginning.....Interval between periods.....

Number days of flow.....Number napkins.....per diem.....

Amenorrhea.....Dysmenorrhea.....

Thyroid: None...Marked...Slight—enlargement. More marked of isthmus

Right.....Left lobe.....

Exopthalmos: Marked.....Moderate.....Absent.....

Stellwag's sign: Slightly positive.....Negative.....

Von Graefe's sign: Slightly positive.....Negative.....

Dalrymple's sign: Slightly positive.....Negative.....

Thrill: Absent.....Present.....

Pulse (See cardiac).....

Thymus: Submanubrial dullness in both horizontal and vertical position—especially to left:

Present..... Absent.....

SPECIAL ORGANS

Eyes, ears, nose, throat and mucous membranes:.....

.....

Tonsils.....

Adenoids.....

Tongue.....

Lymph Nodes: Cervical.....Sub-maxillary.....Inguinal.....Epitrochlear.....

Normal.....Enlarged.....Inflamed.....Tender.....

THORAX

Expiration.....Inspiration.....

Lungs.....

Bronchi.....

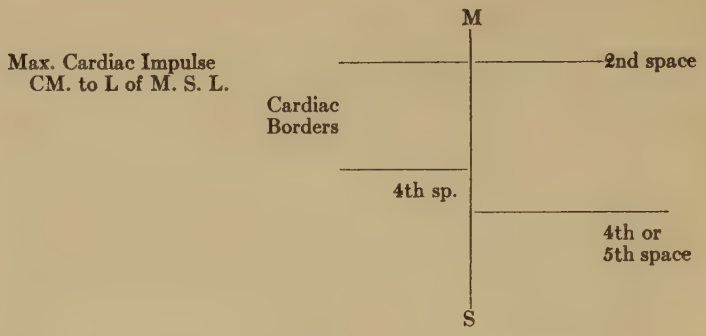
Pleura.....

CARDIAC

Pulse { Regular..... { Volume.....Visible pulsations.....
Irregular..... }

Precordial Impulse { Circumscribed... { Normal..... / Thrusting... Diffuse { Heaving..... / Thrusting..... / Slapping faint
Faint..... }

Arrythmia { None.....
Disappears on exercise.....
Increases on exercise.....B. P. { *Brachial* { Diastolic..... / Systolic..... / Pulse pressure.....
Following return from exercise.....
Increases on inspiration.....
Decreases on expiration..... }



Murmurs { Apical { Systolic—Presystolic
Basal { Diastolic—Systolic } Transmission { Over Precordia
To axilla
To back
Along heart border to vessels of neck

Accentuations A..... T..... P..... M.....

Rates	*Standing*	*Recumbent*	*Immediately*	*After 50 hops*	*Dysp. in after ex.*
Respiratory					
Ventricular					
Radical					
Deficit					

ABDOMEN

Prominent..... Pot-bellied..... Flat..... Scaphoid.....

Tenderness..... Rigidity..... Palpable masses..... Present..... Absent.....

Epigastrium.... Hypogastrium.... Hypochondrium.... Iliac.... Right.... Left.....

Liver.....

Spleen.....

Stomach.....

Intestines.....

Hernia.....

Genito Urinary System

Kidney.....

Urine: Amount..... Frequency..... Enuresis—Nocturnal..... Diurnal.....

Varicocele..... Right..... Left.....

Hydrocele..... Right..... Left.....

SUBJECTIVE COMPLAINTS and General Functions

Headaches.....
Vertigo.....
Constipation.....
Appetite.....
Other complaints.....

OBJECTIVE DEFORMITIES

SPECIAL SENSES: Vision Snellen test.....Right.....Left.....
Color perception
Audition—Right.....Left.....
Speech—Clarity.....
Defects.....
Force.....

NEUROLOGICAL EXAMINATION:

Pupils { Large..... Left slightly larger.....smaller.....than right.
Median..... Both left....right....react(s) promptly....sluggishly.....
Small..... Limited fixed to light—normally.....slowly.....
Unequal..... To accommodation.....
Irregular....

Extraocular movements: Normal..Internal..External..Strabismus..Diplopia
No lateral vertical nystagmus.....
Speech: Normal....Shows slight stammering....Slurring....Transposition.....
Tremors: No.....Slight.....Marked.....Medium.....Coarse.....Tremors of.....
Motor system—no paralysis....No tic of....Weakness of grip—Right....Left....
Inability to.....No atrophy.....Right handed.....Left handed.....
Reflexes: Deep....Normal...Slightly....Markedly....Increased...Diminished....
Knee jerks—arm jerks—ankle jerks—Unequal...Left greater...Less than right....No left....Right bilateral....Ankle-clonus....Negative left....Right....
Suspicious left.....Right.....Positive left.....Right.....Babinski.....
Superficial reflexes: Normal..Slightly..Markedly..Increased..Diminished....
Station normal: Rhomberg slightly....Strongly....Positive....Falling to.....
Gait: Normal.....Functional.....Ataxic.....Spastic.....Hemiplegic.....
No slight marked ataxia of upper extremities.
Sensory—no evidence of sensory changes. Anaesthesia—hypoaesthesia—hyperaesthesia—no trophic disorders.

LABORATORY REPORTS:

LANE MEDICAL LIBRARY

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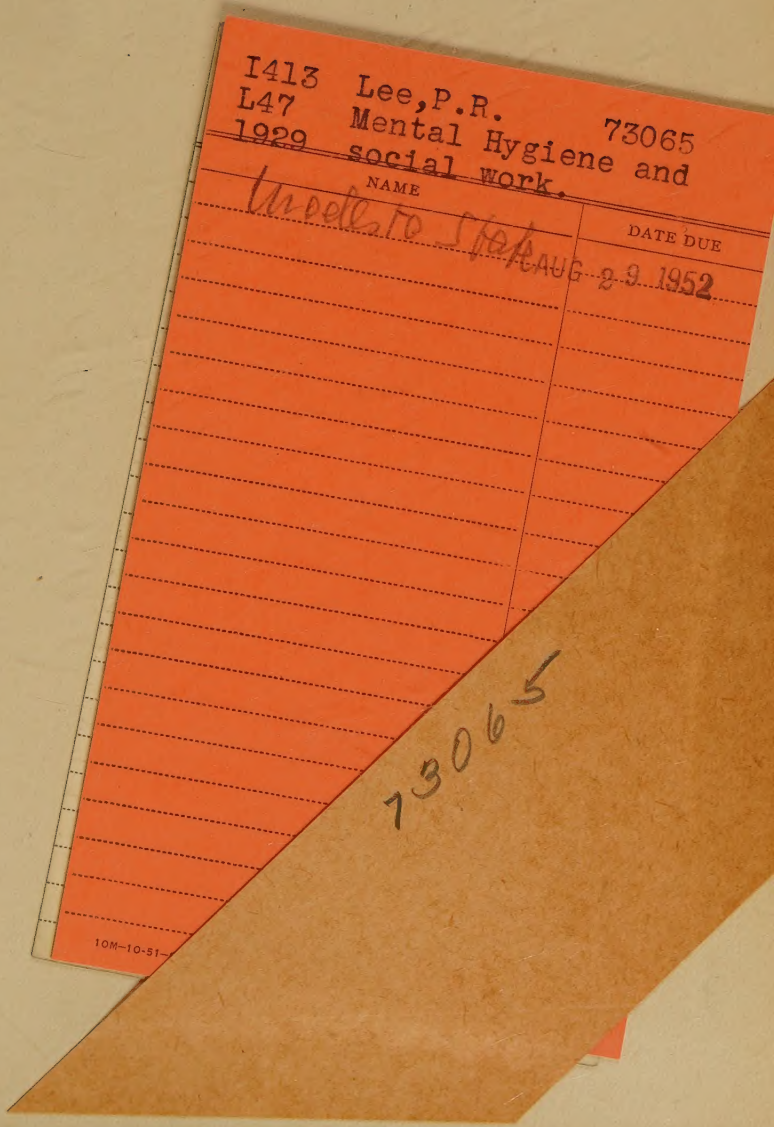
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